

## 2003 STATEWIDE HOSPITAL FISCAL REPORT SUMMARY

### I. Introduction

On an annual basis, each acute care hospital in Indiana identifies the expenses for annual operation and the inpatient and outpatient revenues for services to patients. The statistics are developed by the hospital and filed with the ISDH. The Indiana State Department of Health (ISDH) is required by Indiana Code 16-21-6-11 to publish this information to assist the consuming public in making fiscal comparisons between hospitals.

This report, focusing on financial status, follows annual publication of the hospital service reports that focus on discharges, patient days, total charges by service and outpatient visits. This will be followed by copies of all individual hospital reports.

This summary will review the key definitions and statewide totals for all indicators used in the hospital- specific results in fiscal year 2003 (see Table A). The statewide results are the total of the 131 hospital reports that are also displayed at this web site. This summary will then review key financial indicators for the past three years and between small, medium and large hospitals in Indiana (see Table B-I). The section will conclude with 12 performance standards incorporated into every report to provide comparisons between similar hospitals (See Table J).

TABLE A  
STATEWIDE HOSPITAL FISCAL SUMMARY

#### STATEMENT ONE: SUMMARY OF REVENUE AND EXPENSES

Each fiscal year, every hospital must account for the revenue it earned, the expenses spent, and the deficit and surplus of funds at the end of the twelve month period. This section, statement of revenue and expenses, will provide the definition of terms, and the 2003 statewide total for 131 hospitals in Indiana.

##### 1. Gross Patient Service Revenue

TERM	DEFINITION <sup>1</sup>	2003 STATEWIDE TOTAL <sup>2</sup>	PERCENT OF SUBTOTAL
INPATIENT PATIENT SERVICE REVENUE	The total billed value of inpatient services including the value of routine services and ancillary services provided to inpatients.	<b>\$11,020.9</b>	56.1%
OUTPATIENT PATIENT SERVICE REVENUE	The total billed value of outpatient services.	<b>\$9,141.5</b>	42.9%
GROSS PATIENT SERVICE REVENUE	The inpatient and outpatient revenue from services to patients.	<b>\$20,162.4</b>	100.0%

\* Data in million (\$000,000)

## 2. Deductions from Revenue

TERM	DEFINITION	2003 TOTAL	% of Total
CONTRACTUAL ALLOWANCES	The difference between charges at established rates and amounts realizable from third party payers under contractual agreements.	<b>\$8,175.1</b>	91.3%
OTHER DEDUCTIONS	The deductions including charity care and excluding contractual allowances.	<b>\$935.3</b>	8.7%
TOTAL DEDUCTIONS		<b>\$9,110.4</b>	100.0%

## 3. Total Operating Revenue

TERM	DEFINITION	2003 TOTAL	% of Total
NET PATIENT SERVICE REVENUE	The gross patient service revenue less deductions for contractual allowances and other deductions.	<b>\$11,062.4</b>	95.4%
OTHER OPERATING REVENUE	Incoming revenue not generated by patient services.	<b>\$597.6</b>	4.6%
TOTAL OPERATING REVENUE		<b>\$11,660.0</b>	100.0%

## 4. Operating Expenses

TERM	DEFINITION	2003 TOTAL	% of Total
SALARIES AND WAGES	The total payment at regular intervals for work or services of employees.	<b>\$4,881.0</b>	40.2%
EMPLOYEE BENEFITS	Fringe benefits in addition to salary. Fringe benefits include FICA taxes, pension plans, health and life insurance, unemployment taxes and worker compensation.	<b>\$1,089.0</b>	8.9%
DEPRECIATION/AMORTIZATION	Portion of tangible and intangible operating assets charged as an expense each fiscal year.	<b>\$666.7</b>	6.2%
INTEREST	The cost incurred for borrowing money. These costs are only for the value of funds received for loans given to the entity.	<b>\$180.1</b>	1.6%
BAD DEBT	The services rendered for which payment is anticipated and credit is extended to a patient. Expenses are estimated and recognized when providing an allowance for such amounts to be written off at the time that the accounts are deemed uncollectable.	<b>\$578.5</b>	5.2%
OTHER EXPENSES	Other outgoing dollars	<b>\$3,726.3</b>	37.9%
TOTAL EXPENSES		<b>\$11,121.6</b>	100.0%

\* Data in million (000,000)

#### 5. Net Revenue and Expenses

TERM	DEFINITION	2003 TOTAL	% of Total
NET OPERATING REVENUE OVER EXPENSES	The deficit () or surplus of funds gained when one subtracts the total operating expenses from the total operating revenue.	<b>\$518.3</b>	95.3 %
NET NonOPERATING GAINS OVER LOSSES	Same calculation for non-operating funds	<b>\$20.1</b>	4.7%
NET GAIN/LOSS		<b>\$538.4</b>	100.0%

#### 6. Assets and Liabilities

TERM	DEFINITION	2003 TOTAL	% of Total
TOTAL ASSETS	All of the property, account receivable, cash, etc. of the hospital.	<b>\$14,478.2</b>	100.0%
TOTAL LIABILITIES	Sum of current liabilities, deferred credit, net long-term debt, and inter-company indebtedness.	<b>\$7,385.6</b>	100.0%

#### STATEMENT TWO: CONTRACTUAL ALLOWANCES BY PAYER GROUP

This section, Statement of Contractual Allowances by Payer Group, provides the difference between the revenue at established rates and the amount realizable from third party payers under contractual agreements.

TERM	DEFINITION	2003 TOTAL	% of Total
	"Gross Revenue minus contractual allowances ..."		
MEDICARE	from federal Title 18.	<b>\$3,448.2</b>	54.6%
MEDICAID	from state/federal Title 19.	<b>\$787.5</b>	13.2%
OTHER GOVERNMENT	from local and state government sources other than Medicaid.	<b>\$29.1</b>	0.1%
COMMERCIAL INSURANCE	from all other payers including health maintenance organizations and commercial insurance plans.	<b>\$6,724.5</b>	32.1%
TOTAL ALLOWANCES		<b>\$10,989.3</b>	100.0%

#### STATEMENT THREE: UNIQUE HOSPITAL SERVICE OR FINANCIAL CATEGORY

This section, Statement of Unique Services or Finances, provides three unique sources of incoming revenue and outgoing expenses in the areas of donations, education, and medical research.

TERM	DEFINITION	2003 TOTAL NET GAIN OR LOSS	% of Gross Patient Revenue
DONATION	Difference between incoming revenue and outgoing expenses or cash donations provided to organizations outside the hospital's corporate structure.	<b>(\$2.7)</b>	>0.1%
EDUCATION	Total net gain or loss from training medical professionals, educating inpatients, and educating the general public.	<b>(\$126.9)</b>	0.2%

RESEARCH	Net gain or loss between incoming revenues (from state or federal dollars given to the hospital for conducting scientific inquiry) and outgoing expenses (or the costs of facilities, staffing, and equipment) needed to provide research services.	<b>(\$4.6)</b>	> 0.1%
NUMBER OF INDIVIDUALS EDUCATED	Estimate of the total number of medical professionals (physicians, nurses, technicians and other medical professionals), hospital patients, and number of citizens exposed to health-education messages.	<b>9.9</b>	NA

\* Data in million (000,000)

#### STATEMENT FOUR: COST OF CHARITY AND SUBSIDIZED COMMUNITY BENEFITS

The final statement provides an estimate of the unreimbursed cost of hospitals in Indiana. The information is based on a 14-step methodology to calculate the charges by a hospital and compare that to the payments and cost adjustments by third party payers, community organizations, or individuals. The information is summarized for government and proprietary owners, and is expanded for nonprofit hospitals that must report additional information under the Charity Reporting Act (IC 16-21-9).

TERM	DEFINITION	2003 TOTAL	% of Total Net Patient Revenue
CHARITY CARE	The unreimbursed costs of providing, funding, and otherwise financially supporting health care services that never were expected to result in cash inflows and based on the hospital's adopted charity care policy to provide services free of charge to individual who met the hospital's financial criteria.	<b>(\$305,324,092)</b>	2.6%
COMMUNITY BENEFITS	Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs and for medical education training. Total also includes community health education, community programs and services, and other unreimbursed costs.	<b>(\$185,971,536)</b>	1.6%

## II. SUMMARY OF REVENUE AND EXPENSES

In 2003, the average acute care hospital will receive \$89.0 million dollars in revenue (after deductions) as payment for services, and will spend \$84.9 million dollars to pay for salaries for hospital employees, interest payments, and other expenses.

In total, the 131 hospitals will receive \$11.6 billion dollars (after deductions) as payment for services and will spend \$11.1 billion dollars to pay for expenses (See Table B)<sup>3</sup>.

TABLE B  
ANNUAL TOTAL REVENUE AND EXPENSES, 2003

FISCAL INDICATOR	
1. Total Gross Patient Service Revenue	\$20,162,473,593
2. Total Deductions from Revenue	\$8,502,420,670
3. Total Operating Revenue	\$11,660,052,929
4. Total Operating Expenses	\$11,121,617,807
5. Total Net Gains over Losses	\$538,435,000

### A. Inpatient and Outpatient Revenue

In 2003, 57.1% of all gross patient revenue was for inpatient care and 42.9% was for outpatient care (see Table C and D)<sup>4</sup>.

TABLE C  
INPATIENT GROSS REVENUE PER DISCHARGE, 2003

TYPE OF HOSPITAL	GROSS INPATIENT REVENUE *	NUMBER OF DISCHARGES	GROSS INPAT REVENUE PER DISCHARGE
Small Hospitals	\$496.2	55,956	\$8,869
Medium	\$2,933.0	245,346	\$11,955
Large Hospitals	\$7,070.4	407,209	\$17,363
Specialized Hosp	\$521.3	16,214	\$32,148
All Hospitals	\$11,020.9	724,725	\$15,207

\* Data in million (\$000,000)

TABLE D  
OUTPATIENT GROSS REVENUE PER VISIT, 2003<sup>5</sup>

TYPE OF HOSPITAL	GROSS OUTPATIENT REVENUE*	NUMBER OF VISITS	GROSS OUTPATIENT REVENUE PER VISIT
Small Hospitals	\$964.7	1,260,836	\$765.12
Medium	\$3,188.3	3,737,590	\$853.05
Large Hospitals	\$4,891.0	4,779,248	\$1,023.39
Specialized Hosp.	\$97.6	166,551	\$585.30
All Hospitals	\$9,146.4	9,944,225	\$919.28

\* Data in million (\$000,000)

#### B. Revenue by Third Party Payer

Table E shows the distribution of total revenues by key third party payers. The table shows Indiana efforts to serve the population over 65 years of age under the Medicare program, and adjust to the annual reconciliation by the U.S. Congress. The table also shows the relative importance of health maintenance organizations and commercial insurance plans to serve all communities of Indiana (see Table E).

TABLE E  
PERCENTAGE OF NET PATIENT SERVICE REVENUE  
BY THIRD PARTY PAYER, 2003

THIRD PARTY PAYMENT	TYPE OF HOSPITAL	NET PATIENT SERVICE REVENUE*	ACCUMULATIVE % OF PATIENT SERVICE REVENUE
Medicare	Small	\$255.2	2.2%
	Medium	\$1,070.9	11.4%
	Large	\$1,946.6	28.1%
Other Government	Small	\$48.6	28.5%
	Medium	\$212.1	30.3%
	Large	\$562.1	35.1%
Commercial/Private HMO	Small	\$533.4	39.7%
	Medium	\$2,157.9	58.2%
	Large	\$3,923.0	91.9%
Other	Specialized	\$926.8	100.0%
All Payers		\$11,636.6	100.0%

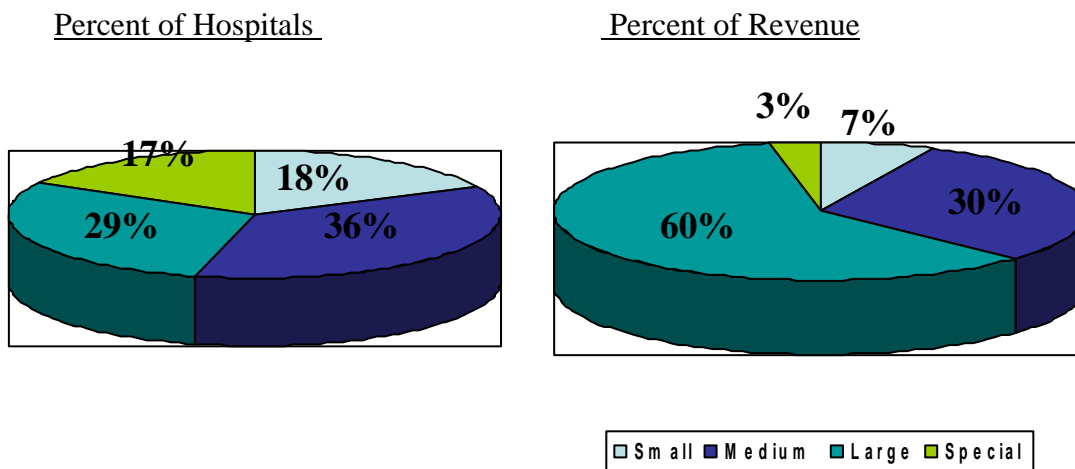
• Data in million (\$000,000)

### C. Income Statements by Hospitals

#### (1) By Peer Groups

- Out of the 131 hospitals, roughly 18 percent of the hospitals were small hospitals (under 150 beds) and 29 percent of the hospitals were large (over 300 beds). These 131 hospitals were located in 72 of the 92 counties in Indiana.
- In contrast, seven percent (7%) of the gross patient service revenue was generated by small hospitals, and 60 percent of total gross patient service revenue was generated by large hospitals (see Figure One and Table F).

**FIGURE ONE**  
**PERCENT OF HOSPITALS AND GROSS PATIENT REVENUE**  
**BY PEER GROUP, INDIANA, 2003**



**TABLE F**  
**TOTAL EXPENDITURES, INDIANA,**  
**SMALL, MEDIUM, AND LARGE HOSPITALS, 2003**

FISCAL INDICATOR	Small Hospitals (Peer 1)	Medium Hospitals (Peer 2-3)	Large Hospitals (Peer 4-5)	Specialized Hospitals (Peer 7)
1. Total Gross Patient Service Revenue	\$1,461	\$6,121	\$11,966	\$619
2. Total Deductions from Revenue	\$550	\$2,637	\$5,029	\$286
3. Total Operating Revenue	\$991	\$3,484	\$6,932	\$333
4. Total Operating Expenses	\$882	\$3,278	\$6,633	\$327

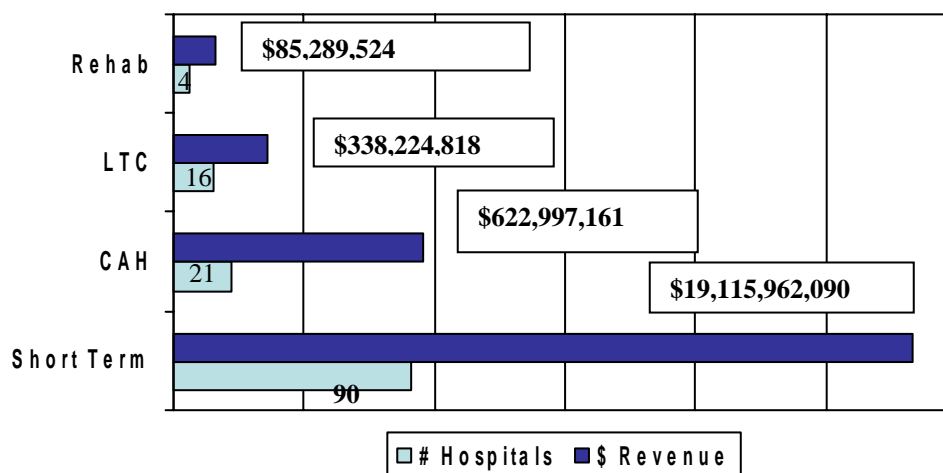
5. Total Net Gains over Losses	\$29	\$206	\$299	\$6
6. No. of hospitals w neg operating margins	7	10	2	8
7. No. of Hospitals	38	48	24	21

\* Data in million (\$000,000)

## (2) By Type of Hospital

- 90 of the 131 hospitals, 69% of all hospitals, are organized to provide comprehensive *short term* general services. The other 31% of the hospitals offer specialized long-term-care acute service (16 hospitals), rehabilitation services (4 hospitals), or serve a rural community as a critical access hospital (21 hospitals)<sup>6</sup>.
- In contrast, 94% of the gross patient service revenue was generated by the short-term hospitals, and six percent (6%) of all other hospital types (see Figure Two).

FIGURE TWO  
NUMBER OF HOSPITALS AND GROSS PATIENT SERVICE REVENUE  
BY TYPE OF HOSPITAL, INDIANA, 2003

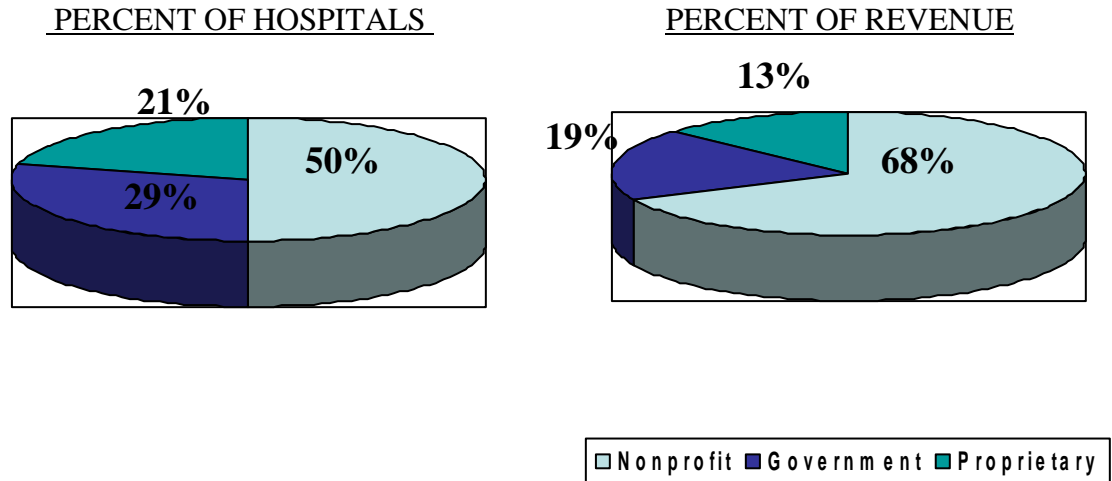


## (3) Ownership of Hospitals

- By ownership of the hospital, there are three general categories: nonprofit, government-based, and proprietary ownership. Of the 131 hospitals, 50% were nonprofit (66 hospitals), 29% were government-based (38 hospitals) and 21% were proprietary (27 hospitals).
- In contrast, 68% of the gross patient service revenue was generated by nonprofits, 19% by government entities, and 13% by proprietary hospitals.



**FIGURE THREE**  
**PERCENT OF HOSPITALS AND GROSS PATIENT REVENUE**  
**BY OWNERSHIP, INDIANA, 2003**



**TABLE G**  
**TOTAL EXPENDITURES\*, INDIANA**  
**BY OWNERSHIP OF HOSPITALS, 2003**

FISCAL INDICATOR	GOVERNMENT OWNERSHIP	NONPROFIT OWNERSHIP	PROPRIETARY OWNERSHIP
Total Gross Patient Service Revenue	\$3,632.2	\$14,602.5	\$1,927.8
Total Deductions from Revenue	\$1,449.3	\$6,116.8	\$934.2
Total Operating Revenue	\$2,180.7	\$8,485.7	\$993.6
Total Operating Expenses	\$2,096.9	\$8,137.5	\$887.1
Total Net Gains over Losses	\$83.1	\$348.2	\$106.5
Number of hospitals with neg. operating margins	1	18	7
No. of Hospitals	35	70	26

\* Data in million (\$000,000)

#### D. Three-Year Trend

During the last two years, there has been an eight percent increase in the total operating revenue of the hospitals, and a decline in the number of hospitals with negative operating margins (See Table H).

TABLE H  
ANNUAL TOTAL EXPENDITURES\*, INDIANA, 2001 – 2003<sup>4</sup>  
(Values shown in million)

FISCAL INDICATOR	2001	2002	2003
1. Total Gross Patient Service Revenue	\$15,535.7	\$17,319.7	\$20,617.2
2. Total Deductions from Revenue	\$6,293.7	\$7,355.4	\$8,502.4
3. Total Operating Revenue	\$9,789.3	\$10,437.7	\$11,660.0
4. Total Operating Expenses	\$9,354.4	\$9,870.0	\$11,121.6
5. Total Net Gains over Losses	\$487.4	\$449.3	\$538.4
6. No. of hospitals w neg operating margins	35	26	27
7. No. of Hospitals	130	130	131

\* Data in million (\$000,000)

### E. Three Year Margins

From a public perspective, the key concern must be to ensure access to hospitals for all citizens regardless of insurance plans, and to track hospitals that have experienced losses in receiving less revenue than expenses on annual basis. Table I provides a list of six hospitals that have experienced losses in the last three years.

TABLE I  
IDENTIFICATION OF ACUTE CARE HOSPITALS  
WITH THREE YEARS OF NEGATIVE TOTAL MARGINS<sup>7</sup>

\* \* \* ANNUAL MARGIN \* \* \* \*

NAME OF HOSPITAL	CITY	2001	2002	2003
Community Hospital East <sup>12</sup>	Indianapolis	(\$2,273,498)	(\$6,754,835)	(\$17,259,891)
Methodist Hospital North	Gary	(\$401,570)	(\$5,776,017)	(\$9,665,026)
St Catherine Hospital	East Chicago	(\$419,239)	(\$19,510)	(\$1,327,265)
St Joseph Regional	Mishawaka	(\$8,421,200)	(\$6,044,000)	(\$6,934,000)
St Mary's Warrick	Boonville	(\$1,450,849)	(\$907,103)	(\$43,624)
St Vincent Mercy	Elwood	(\$248,530)	(\$248,530)	(\$339,915)

\* Data in million (\$000,000)

### III. Assessing Financial Health of Hospitals

Table J shows 12 performance indicators selected, analyzed and posted by ISDH staff with each 2003 fiscal reports<sup>8</sup>. These indicators are key financial and operating indicators needed to compare hospitals of similar size. This table shows the indicators and the average values for larger hospitals in fiscal year 2002 and 2003.

Each hospital fiscal report will compare each hospital's values to similar-sized hospitals in its peer group: small, medium, large, and specialized.

TABLE J

ISDH PERFORMANCE INDICATORS USED IN EACH HOSPITAL REPORT AND THE AVERAGE VALUE SUBMITTED BY LARGE HOSPITALS in INDIANA<sup>8</sup>

*Range of Values*

PERFORMANCE INDICATOR	METHODOLOGY	AVERAGE 2002	AVERAGE 2003
1. # of FTE's	<i>Number of Full Time Equivalents</i>	1,658	2,212
2. % of Salary	<i>Salary Expenses divided by Total Expenses</i>	40.4%	37.8%
3. Average Daily Census	<i>Patient Days divided by annual days (365 days)</i>	186.6	237.6
4. Average Length of Stay	<i>Number of Patient Days divided by the Number of Discharges</i>	5.1	5.1
5. Price of Medical/Surgical care per stay	<i>Total Medical/Surgical charges divided by the Medical/Surgical discharges</i>	\$4,504	\$3,042
6. Gross Price per Discharge	<i>Gross Inpatient Revenue divided by the Total Discharges</i>	\$14,626	\$17,323
7. Outpatient Revenue Percentage	<i>Outpatient Revenue divided by the Gross Total Revenue</i>	39.7%	40.9%
8. Gross Price per Visit	<i>Gross Outpatient Revenue divided by the Total Outpatient Visits</i>	\$864	\$1,022
9. % of Medicare	<i>Medicare Revenue divided by the Gross Patient Revenue</i>	42.0%	39.5%
10. % of Bad Debt	<i>Bad Debt Expense divided by the Gross Operating Expenses</i>	2.6%	4.5%
11. Charity Allocation	<i>Unreimbursed costs of providing services to patients under adopted charity policy</i>	(\$4,538,414)	(\$10,021,313)
12. Net Margin	<i>Excess of Revenue over Expenses divided by the Total Operating Revenue</i>	5.1	4.3

## FOOTNOTES

1. Definitions of terms in Table A were abstracted from Indiana law and definitions from the *Year 2003 Hospital Statistics* from the American Hospital Association.
2. Majority of numbers shown in this statewide summary are shown in hundred thousands for ease of reading. Accordingly, the total gross patient revenue of 131 hospitals is \$20.1 billion dollars or \$20,162,473,929 in fiscal year 2003.
3. Data shown in this summary and in the individual hospital reports are in a unique electronic format designed to satisfy Indiana law (Indiana Code 16-21-6-3). Statistics reflect the costs for the hospital only. These reports are displayed with no editing by ISDH staff. This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.

Each hospital has submitted information on a secure web site or via diskette. Indiana hospital Chief Financial Officers, interested in further information on reporting, should contact ISDH staff.

Citizens may also request ISDH staff to create paper copies of the audited financial statement and Medicare Cost Reports. Both reports are on file for each acute care hospital and retained for three years in a paper format at the ISDH. Both reports reflect the total costs of the larger filing corporation.

It is estimated that statistics in Table B represent roughly 98 percent of the revenue and expenses for all hospitals in Indiana. One should note that not all hospitals filed in any one fiscal year. These reports contain 5 reports from FY 2002 and two reports for FY 2004.

4. Table C displays the key financial indicators for hospitals in four categories: small, medium, large, and specialized hospitals. One will note that the revenue for the larger hospitals represent 74.5 percent of all revenue, but only 18.3 percent of the total number of hospitals.

Table C represents the gross inpatient revenue per discharge. The statistic is derived by dividing the gross inpatient revenue by the number of discharges. In comparison, according to a national publication, the statewide average of \$8,361 can be compared to average equivalent revenue per discharge of \$8,655 in the East North Central United States. (Source: W Cleverley, PhD. Almanac of Hospital Financial and Operating Indicators, 2003 [hence Almanac]).

5. Table D presents the amount of outpatient revenue in fiscal year 2003. In 2003, the percent of outpatient revenue was 52.1%. That can be compared to an average outpatient percentage of 47.4% for the East North Central United States.

6. Figure 2 displays the key financial indicators by hospital type. The definition of those hospital types are displayed below:

Critical Access Hospital (CAHs) are small, rural community hospitals that receive cost-based reimbursement. To be designated a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the BBRA, BIPA, and Medicare Modernization Act.

Long Term Hospitals have an average patient length of stay of greater than 25 days.

Rehabilitation Hospitals provide medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.

General or Short-Term Hospitals have an average patient length of stay of 25 days or less.

7. In Table I, there is a presentation of six hospitals that have experienced losses during the last three years. It should be noted that the information for Community East does not include the statistics for Community North, which has a total margin of \$17,314,825 in 2001, \$17,613,907 in 2002, and \$13,950,225 in 2003. Methodist Hospitals does not include the statistics for Methodist Hospital – Hammond, which had a total margin of \$5,916,401 in 2001, (\$4,013,191) in 2002, and \$17,679,680 in 2003.
8. Table J presents key financial and operating indicators needed to compare hospitals of similar size. The table shows the average values for larger hospitals in Indiana in 2003. Utilization and charge statistics were not adjusted for severity, case mix, and any of a variety of other factors that could affect comparisons among facilities. All interpretations of actual data and all comparisons of one facility to another should be made with caution.

Table J also presents the total margins in fiscal year 2003. The statistic is derived by dividing the total patient service revenue by the total net gain or loss of the hospital. According to the Almanac, the statewide average of 4.1 can be compared to average total margins of 3.3 for the East North Central United States.

#### IV. INDIVIDUAL REPORTS

To allow the consuming public to make financial comparison between hospitals, ISDH has attached each of the 131 reports to this statewide report. The table below identify the hospitals and the order in which each report will appear.

<b>Table K</b> <b>2003 Individual Hospital Fiscal Reports</b>		
<b>Name of Hospital</b>	<b>City</b>	<b>County</b>
Adams County Memorial Hospital	Decatur	Adams
Ball Memorial Hospital	Muncie	Delaware
Bedford Regional Medical Center	Bedford	Lawrence
Blackford Community Hospital	Hartford city	Blackford
Bloomington Hospital	Bloomington	Monroe
Bloomington Hospital Of Orange County	Paoli	Orange
Bluffton Regional Medical Center	Bluffton	Wells
Cameron Memorial Community Hospital	Angola	Steuben
Clarian Health Partners	Indianapolis	Marion
Clark Memorial Hospital	Jeffersonville	Clark
Columbus Regional Hospital	Columbus	Bartholomew
Community Hospital Of Anderson	Anderson	Madison
Community Hospital Of Bremen	Bremen	Marshall
Community Hospital Of Indiana East	Indianapolis	Marion
Community Hospital Of Indiana South	Indianapolis	Marion
Community Hospital Of Munster	Munster	Lake
Daviess Community Hospital	Washington	Daviess
Deaconess Hospital	Evansville	Vanderburgh
Dearborn County Memorial Hospital	Lawrenceburg	Dearborn
Decatur County Memorial Hospital	Greensburg	Decatur
Dekalb Memorial Hospital	Auburn	Dekalb
Dukes Memorial Hospital	Peru	Miami
Dunn Memorial Hospital	Bedford	Lawrence
Dupont Hospital	Fort Wayne	Allen
Elkhart General Hospital	Elkhart	Elkhart
Fayette Memorial Hospital Association	Connersville	Fayette
Floyd Memorial Hospital And Health Service	New Albany	Floyd
Gibson General Hospital	Princeton	Gibson
Good Samaritan Hospital	Vincennes	Knox
Goshen General Hospital	Goshen	Elkhart
Greene County General Hospital	Linton	Greene
Hancock Memorial Hospital & Health Services	Greenfield	Hancock
Harrison County Hospital	Corydon	Harrison
Healthsouth Deaconess Rehab Hospital	Evansville	Vanderburgh
Healthsouth Rehab Hospital Of Terre Haute	Terre Haute	Vigo
Heart Center Of Indiana	Indianapolis	Marion
Hendricks Regional Health	Danville	Hendricks
Henry County Memorial Hospital	New Castle	Henry
Howard Regional Health System - West Campus	Kokomo	Howard

<b>Table K</b> <b>2003 Individual Hospital Fiscal Reports</b>		
<b>Name of Hospital</b>	<b>City</b>	<b>County</b>
Illiana Surgery And Medical Center	Munster	Lake
Jasper County Hospital	Rensselaer	Jasper
Jay County Hospital	Portland	Jay
Johnson Memorial Hospital	Franklin	Johnson
Kindred Hospital Indianapolis	Indianapolis	Marion
Kindred Hospital Indianapolis South	Indianapolis	Johnson
King's Daughters' Hospital And Health Service	Madison	Jefferson
Kosciusko Community Hospital	Warsaw	Kosciusko
Lafayette Home Hospital	Lafayette	Tippecanoe
Lagrange Community Hospital	Lagrange	Lagrange
Laporte Hospital And Health Services	Laporte	Laporte
Lutheran Hospital Of Indiana	Fort Wayne	Allen
Major Hospital	Shelbyville	Shelby
Margaret Mary Community Hospital	Batesville	Ripley
Marion General Hospital	Marion	Grant
Medical Center Of Southern Indiana	Charlestown	Clark
Memorial Hospital And Health Care Center	Jasper	Dubois
Memorial Hospital Of Logansport	Logansport	Cass
Memorial Hospital Of South Bend	South Bend	St Joseph
Methodist Hospitals	Gary	Lake
Morgan Hospital And Medical Center	Martinsville	Morgan
Our Lady Of Peace Hospital	South Bend	St Joseph
Parkview Hospital	Fort Wayne	Allen
Parkview Huntington Hospital	Huntington	Huntington
Parkview Noble Hospital	Kendallville	Noble
Parkview Whitley Memorial Hospital	Columbia City	Whitley
Perry County Memorial Hospital	Tell City	Perry
Porter Memorial Hospital	Valparaiso	Porter
Pulaski Memorial Hospital	Winamac	Pulaski
Putnam County Hospital	Greencastle	Putnam
Regency Hospital Of Northwest Indiana	East Chicago	Lake
Rehabilitation Hospital At St Vincent	Indianapolis	Marion
Rehabilitation Hospital Of Fort Wayne	Fort Wayne	Allen
Rehabilitation Hospital Of Indiana	Indianapolis	Marion
Reid Hospital & Health Care Services	Richmond	Wayne
Riverview Hospital	Noblesville	Hamilton
Rush Memorial Hospital	Rushville	Rush
Saint John's Health System	Anderson	Madison
Saint Joseph Regional Medical Center - South Bend	South Bend	St Joseph
Schneck Medical Center	Seymour	Jackson
Scott County Memorial Hospital	Scottsburg	Scott



<b>Table K</b> <b>2003 Individual Hospital Fiscal Reports</b>		
<b>Name of Hospital</b>	<b>City</b>	<b>County</b>
Select Speciality Hospital - Fort Wayne	Fort Wayne	Allen
Select Speciality Hospital- Beech Grove	Beech Grove	Marion
Select Speciality Hospital -Bloomington	Bloomington	Monroe
Select Speciality Hospital -Evansville	Evansville	Vanderburgh
Select Speciality Hospital -Indianapolis	Indianapolis	Marion
Select Speciality Hospital -Northwest Indiana	Hammond	Lake
Southern Indiana Rehab Hospital	New Albany	Floyd
St Anthony Medical Center Of Crown Point	Crown point	Lake
St Anthony Memorial Health Centers	Michigan City	Laporte
St Catherine Hospital	East Chicago	Lake
St Clare Medical Center	Crawfordsville	Montgomery
St Elizabeth Ann Seton Hosp Central Indiana	Carmel	Hamilton
St Elizabeth Ann Seton Hospital	Evansville	Vanderburgh
St Elizabeth Ann Seton Hospital -Indy	Indianapolis	Marion
St Elizabeth Medical Center	Lafayette	Tippecanoe
St Francis Hospital & Health Centers	Beech Grove	Marion
St Francis Hospital & Health Centers	Mooresville	Morgan
St Joseph Community Hospital Mishawaka	Mishawaka	St Joseph
St Joseph Hospital & Health Center	Kokomo	Howard
St Joseph Hospital Fort Wayne	Fort Wayne	Allen
St Joseph Hospital Of Huntingburg	Huntingburg	Dubois
St Joseph Regional Medical Hospital Plymouth	Plymouth	Marshall
St Margaret Mercy Healthcare Center North	Hammond	Lake
St Margaret Mercy Healthcare Center South	Dyer	Lake
St Marry Medical Center Hobart	Hobart	Lake
St Mary's Medical Center of Evansville	Evansville	Vanderburgh
St Mary's Warrick Hospital	Boonville	Warrick
St Vincent Carmel Hospital	Carmel	Hamilton
St Vincent Clay Hospital	Brazil	Clay
St Vincent Frankfort Hospital	Frankfort	Clinton
St Vincent Hospital And Health Center	Indianapolis	Marion
St Vincent Jennings Hospital	North Vernon	Jennings
St Vincent Mercy Hospital	Elwood	Madison
St Vincent Pediatric Rehabilitation Center	Indianapolis	Marion
St Vincent Randolph Hospital	Winchester	Randolph
St Vincent Williamsport Hospital	Williamsport	Warren
Starke Memorial Hospital	Knox	Starke
Sullivan County Community Hospital	Sullivan	Sullivan
Terre Haute Regional Hospital	Terre Haute	Vigo
Tipton County Memorial Hospital	Tipton	Tipton
Union Hospital	Terre Haute	Vigo

<b>Table K</b> <b>2003 Individual Hospital Fiscal Reports</b>		
<b>Name of Hospital</b>	<b>City</b>	<b>County</b>
Wabash County Hospital	Wabash	Wabash
Washington County Memorial Hospital	Salem	Washington
West Central Community Hospital	Clinton	Vermillion
Westview Hospital	Indianapolis	Marion
White County Memorial Hospital	Monticello	White
Winona Memorial Hospital	Indianapolis	Marion
Wishard Health Services	Indianapolis	Marion
Witham Health Services Voluntary	Lebanon	Boone
Women's Hospital Of Southern Indiana	Newburgh	Warrick
Woodlawn Hospital	Rochester	Fulton
Z Community Hospital Of Indiana North (Satellite)	Indianapolis	Marion
Z Methodist Hospitals, Inc (Satellite)	Merrillville	Lake
Z St Vincent Stress Center Satellite	Indianapolis	Marion

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Dupont Hospital**

Year: 2003 City: Fort Wayne Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$35,813,323	Salaries and Wages	\$15,377,738
Outpatient Patient Service Revenue	\$46,001,943	Employee Benefits and Taxes	\$3,454,754
Total Gross Patient Service Revenue	\$81,820,266	Depreciation and Amortization	\$3,433,292
2. Deductions from Revenue		Interest Expenses	\$1,686,068
Contractual Allowances	\$36,240,422	Bad Debt	\$1,846,082
Other Deductions	\$927,627	Other Expenses	\$14,692,636
Total Deductions	\$37,168,049	Total Operating Expenses	\$40,490,570
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$44,652,217	Net Operating Revenue over Expenses	\$4,615,939
Other Operating Revenue	\$454,292	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$45,106,509	Total Net Gain over Loss	\$4,615,939

6. Assets and Liabilities	
Total Assets	\$54,274,045
Total Liabilities	\$36,434,837

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$14,676,285	\$9,6254,830	\$5,050,455
Medicaid	\$2,326,735	\$2,309,018	\$17,717
Other State	\$4,213,419	\$515,008	\$3,698,411
Local Government	\$0	\$0	\$0
Commercial Insurance	\$60,603,827	\$24,718,193	\$35,885,634
Total	\$81,820,266	\$37,168,049	\$44,652,217

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Brady Hanners

**Telephone Number** 260/416-3300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	345	645
2. % of Salary	Salary Expenses divided by Total Expenses	38.0%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,400	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,112	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.2%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$979	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	17.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.6%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.2	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Parkview Noble Hospital**

Year: 2003 City: Kendallville Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,491,327	Salaries and Wages	\$10,101,177
Outpatient Patient Service Revenue	\$28,379,857	Employee Benefits and Taxes	\$2,585,651
Total Gross Patient Service Revenue	\$40,871,184	Depreciation and Amortization	\$1,817,983
2. Deductions from Revenue		Interest Expenses	\$517,465
Contractual Allowances	\$15,934,269	Bad Debt	\$2,477,066
Other Deductions	\$700,781	Other Expenses	\$7,276,537
Total Deductions	\$16,635,050	Total Operating Expenses	\$24,775,879
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$24,236,133	Net Operating Revenue over Expenses	\$215,228
Other Operating Revenue	\$754,973	Net Non-operating Gains over Losses	(\$112,273)
Total Operating Revenue	\$24,991,106	Total Net Gain over Loss	\$102,955



<b>6. Assets and Liabilities</b>	
Total Assets	\$8,701,186
Total Liabilities	\$8,701,186

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$16,167,175	\$10,761,718	\$5,405,457
Medicaid	\$4,126,465	\$3,002,641	\$1,123,824
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$20,577,544	\$2,658,810	\$17,918,734
Total	\$40,871,184	\$16,423,169	\$24,448,015

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$0	\$93,536	(\$93,536)

Educational	\$25	\$3,001	(\$2,976)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	54,208
Number of Citizens Exposed to Health Education Message	29,893

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Noble	<b>Community Served</b>	Noble County
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#### **Hospital Mission Statement**

Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	157	432	668
<b>Charity Care Allocation</b>	(\$64,138)	(\$101,228)	(\$258,823)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Athletic Director High School	(\$40,000)
Community Education and Outreach	(\$37,063)
AED Initiative	(\$17,640)
Life & Family Services/BABE	(\$53,624)

Other	(\$165,047)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$258,823)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$68,535)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$327,358)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Bobbie Nantz

Telephone number: 260/347-8154

Web Address Information: [www.parkview.com](http://www.parkview.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	234	238
2. % of Salary	Salary Expenses divided by Total Expenses	40.8%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.2	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,798	\$4,004

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,935	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.4%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$529	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.0%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$258,823)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Our Lady of Peace Hospital**

Year: 2003 City: South Bend Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,863,318	Salaries and Wages	\$2,589,623
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$677,426
Total Gross Patient Service Revenue	\$16,863,318	Depreciation and Amortization	\$24,401
2. Deductions from Revenue		Interest Expenses	\$66,092
Contractual Allowances	\$9,683,822	Bad Debt	\$203,091
Other Deductions	\$0	Other Expenses	\$3,314,344
Total Deductions	\$9,683,822	Total Operating Expenses	\$6,874,977
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$7,176,038	Net Operating Revenue over Expenses	\$348,724
Other Operating Revenue	\$47,663	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$7,223,701	Total Net Gain over Loss	\$348,724

<b>6. Assets and Liabilities</b>	
Total Assets	\$1,277,572
Total Liabilities	\$1,952,881

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$12,703,921	\$7,503,612	\$5,200,309
Medicaid	\$440,258	\$440,258	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$3,719,139	\$1,739,952	\$1,979,187
Total	\$16,863,318	\$9,683,822	\$7,179,496

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$0	\$0	\$0



Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	St. Joseph	<b>Community Served</b>	St. Joseph County
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#### Hospital Mission Statement

We serve together in Trinity Health in the spirit of the Gospel to heal body mind and spirit to improve the health of our communities and to steward the resources entrusted to us.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	3	5	1
<b>Charity Care Allocation</b>	(\$36,551)	(\$124,000)	(\$3,458)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Student Clinical Affiliations	NR
Community Education	NR
Support Groups	NR

Non-Reimbursed Education	NR
Board Affiliations	NR

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,018)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,018)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Ms. Christine Voorde

Telephone number: 574/251-8238

Web Address Information: [www.ourladyofpeacehospital.trinity-health.org](http://www.ourladyofpeacehospital.trinity-health.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	52	109
2. % of Salary	Salary Expenses divided by Total Expenses	37.7%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	19.6	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.9	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	NR	\$71,566

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$63,158	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.3%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.0%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,018)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Women's Hospital of Southern Indiana**

Year: 2003 City: Newburgh Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$36,350,508	Salaries and Wages	\$8,963,840
Outpatient Patient Service Revenue	\$9,978,795	Employee Benefits and Taxes	\$2,079,740
Total Gross Patient Service Revenue	\$46,329,303	Depreciation and Amortization	\$779,551
2. Deductions from Revenue		Interest Expenses	\$305,998
Contractual Allowances	\$20,023,618	Bad Debt	\$754,494
Other Deductions	\$88,875	Other Expenses	\$12,997,110
Total Deductions	\$20,112,493	Total Operating Expenses	\$25,880,733
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$26,216,810	Net Operating Revenue over Expenses	\$891,193
Other Operating Revenue	\$555,116	Net Non-operating Gains over Losses	\$12,620
Total Operating Revenue	\$26,771,926	Total Net Gain over Loss	\$903,813

6. Assets and Liabilities	
Total Assets	\$10,139,746
Total Liabilities	\$8,351,667

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$1,767,324	\$1,061,821	\$705,503
Medicaid	\$13,466,426	\$9,156,201	\$4,130,225
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$31,095,551	\$9,805,598	\$21,289,953
Total	\$46,329,301	\$20,023,620	\$26,305,681

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$35,169	\$72,982	(\$37,813)
Educational	\$24,869	\$118,174	(\$93,305)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	1,839
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$466,539	\$3,576,529	(\$3,109,990)
<b>Community Benefits</b>	\$0	\$81,450	(\$81,450)

For further information on this report, please contact:

**Hospital Representative** Martha McClain

**Telephone Number** 812/842/4222



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	222	645
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	37.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$10,261	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,975	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	21.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,615	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	3.8%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.9%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$49,770)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Bloomington**

Year: 2003 City: Bloomington Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,593,004	Salaries and Wages	\$2,701,707
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$629,143
Total Gross Patient Service Revenue	\$14,593,004	Depreciation and Amortization	\$110,377
2. Deductions from Revenue		Interest Expenses	\$235,635
Contractual Allowances	\$7,860,957	Bad Debt	\$107,345
Other Deductions	\$0	Other Expenses	\$2,829,299
Total Deductions	\$7,860,957	Total Operating Expenses	\$6,613,506
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$6,732,047	Net Operating Revenue over Expenses	\$118,805
Other Operating Revenue	\$264	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$6,732,311	Total Net Gain over Loss	\$118,805

6. Assets and Liabilities	
Total Assets	\$2,514,182
Total Liabilities	\$3,187,404

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,699,736	\$7,148,488	\$5,551,248
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,893,268	\$712,469	\$1,180,799
Total	\$14,593,004	\$7,860,957	\$6,732,047

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

Statement Four: Costs of Charity and Subsidized Community Benefits			
Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$0	\$0	\$0
Community Benefits	\$0	\$24,120	(\$24,120)

For further information on this report, please contact:

**Hospital Representative** Gloria Skinner

**Telephone Number** 717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	85	109
2. % of Salary	Salary Expenses divided by Total Expenses	40.9%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	17.4	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	25.4	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$58,606	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$58,606	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	87.0%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.6%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.8	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Heart Center of Indiana**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$64,639,830	Salaries and Wages	\$11,494,327
Outpatient Patient Service Revenue	\$24,569,343	Employee Benefits and Taxes	\$2,357,712
Total Gross Patient Service Revenue	\$89,209,173	Depreciation and Amortization	\$5,897,908
2. Deductions from Revenue		Interest Expenses	\$1,850,319
Contractual Allowances	\$32,319,948	Bad Debt	\$1,341,477
Other Deductions	\$379,756	Other Expenses	\$35,029,218
Total Deductions	\$32,699,704	Total Operating Expenses	\$57,970,961
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$56,509,469	Net Operating Revenue over Expenses	(\$1,051,419)
Other Operating Revenue	\$410,073	Net Non-operating Gains over Losses	\$181,972
Total Operating Revenue	\$56,919,542	Total Net Gain over Loss	(\$869,447)



6. Assets and Liabilities	
Total Assets	\$67,848,468
Total Liabilities	\$67,645,912

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$55,171,304	\$25,895,294	\$29,276,010
Medicaid	\$1,339,798	\$947,150	\$3,921,648
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$32,698,069	\$5,857,255	\$26,840,814
Total	\$89,209,171	\$32,699,699	\$56,509,472

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$2,979	(\$2,979)
Educational	\$0	\$8,100	(\$8,100)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 54

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$16,500	(\$16,500)

For further information on this report, please contact:

**Hospital Representative** Zeynep Ortun

**Telephone Number** 317/583-5003

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	262	109
2. % of Salary	Salary Expenses divided by Total Expenses	19.8%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.2	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,565
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,138	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	27.5%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$5,806	\$656
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	61.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.8	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: St. Elizabeth Ann Seton Hospital Indy**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,545,916	Salaries and Wages	\$3,184,076
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$553,347
Total Gross Patient Service Revenue	\$9,545,916	Depreciation and Amortization	\$58,489
2. Deductions from Revenue		Interest Expenses	\$4,004
Contractual Allowances	\$4,517,509	Bad Debt	\$72,342
Other Deductions	\$21,388	Other Expenses	\$3,069,342
Total Deductions	\$4,538,897	Total Operating Expenses	\$6,941,640
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$5,007,019	Net Operating Revenue over Expenses	(\$1,899,645)
Other Operating Revenue	\$34,976	Net Non-operating Gains over Losses	\$6,991
Total Operating Revenue	\$5,041,995	Total Net Gain over Loss	(\$1,892,654)

6. Assets and Liabilities	
Total Assets	\$2,967,725
Total Liabilities	\$4,870,316

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$7,527,341	\$3,901,168	\$3,626,173
Medicaid	\$0	\$41,615	(\$41,615)
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$2,018,575	\$596,114	\$1,422,461
Total	\$9,545,916	\$4,538,897	\$5,007,019

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$24,760	(\$24,760)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 191

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$3,626,170	\$5,518,704	(\$1,892,534)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Kathy Edwards

**Telephone Number** 317/925/8066

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	90	109
2. % of Salary	Salary Expenses divided by Total Expenses	45.9%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	38.8	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	34.5	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$82,565	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$23,226	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.9%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.0%	3.1%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$15,618)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-37.7	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Rehabilitation Hospital at St. Vincent**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$4,607,337	Salaries and Wages	\$1,100,025
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$341,548
Total Gross Patient Service Revenue	\$4,607,337	Depreciation and Amortization	\$0
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$789,253	Bad Debt	\$15,254
Other Deductions	\$0	Other Expenses	\$988,341
Total Deductions	\$789,253	Total Operating Expenses	\$2,455,168
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$3,818,084	Net Operating Revenue over Expenses	\$1,362,916
Other Operating Revenue	\$0	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$3,818,084	Total Net Gain over Loss	\$1,362,916

6. Assets and Liabilities	
Total Assets	NP
Total Liabilities	NP

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$3,594,733	\$549,276	\$3,045,457
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,012,604	\$239,977	\$772,627
Total	\$4,607,337	\$789,253	\$3,818,084

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$10,000	(\$10,000)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 200

Number of Hospital Patients Educated In This Hospital 87

Number of Citizens Exposed to Hospital's Health Education Messages 0

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$779,647	\$1,912,552	(\$1,132,905)
<b>Community Benefits</b>	\$0	\$70,000	(\$70,000)

For further information on this report, please contact:

**Hospital Representative** D. Armington

**Telephone Number** 317/338-2300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	30	109
2. % of Salary	Salary Expenses divided by Total Expenses	44.8%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.8	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	10.3	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,164	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.0%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.6%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	35.7	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Regency Hospital of Northwest Indiana**

Year: 2003 City: East Chicago Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,375,472	Salaries and Wages	\$932,065
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$287,675
Total Gross Patient Service Revenue	\$5,375,472	Depreciation and Amortization	\$54,439
2. Deductions from Revenue		Interest Expenses	\$6,794
Contractual Allowances	\$3,819,150	Bad Debt	\$42,441
Other Deductions	\$0	Other Expenses	\$37,545
Total Deductions	\$3,819,150	Total Operating Expenses	\$2,301,992
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$1,556,322	Net Operating Revenue over Expenses	(\$1,056,762)
Other Operating Revenue	\$0	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$1,556,322	Total Net Gain over Loss	(\$1,056,762)

6. Assets and Liabilities	
Total Assets	(\$380,322)
Total Liabilities	\$676,440

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$4,189,834	\$3,243,147	\$946,687
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,160,417	\$450,659	\$709,757
Total	\$5,350,251	\$3,693,806	\$165,644

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Christy Robinson

**Telephone Number** 770/772-4345

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	44	109
2. % of Salary	Salary Expenses divided by Total Expenses	40.1%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	4.4	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.6	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$82,700	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$82,700	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	77.9%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.8%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-67.9	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Johnson Memorial Hospital**

Year: 2003 City: Franklin Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$45,761,945	Salaries and Wages	\$25,328,465
Outpatient Patient Service Revenue	\$56,988,053	Employee Benefits and Taxes	\$5,696,566
Total Gross Patient Service Revenue	\$102,749,988	Depreciation and Amortization	\$3,449,108
2. Deductions from Revenue		Interest Expenses	\$4,009
Contractual Allowances	\$40,168,035	Bad Debt	\$4,807,864
Other Deductions	\$253,498	Other Expenses	\$3,184,692
Total Deductions	\$40,412,533	Total Operating Expenses	\$62,813,899
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$62,328,465	Net Operating Revenue over Expenses	\$3,652,382
Other Operating Revenue	\$4,137,816	Net Non-operating Gains over Losses	\$1,833,622
Total Operating Revenue	\$66,466,281	Total Net Gain over Loss	\$5,258,103

6. Assets and Liabilities	
Total Assets	\$80,248,000
Total Liabilities	\$80,248,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$42,489,983	\$26,930,228	\$15,559,755
Medicaid	\$7,649,656	\$5,131,421	\$2,518,235
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$52,610,359	\$8,359,884	\$44,250,475
Total	\$102,749,988	\$40,421,533	\$62,328,465

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$61,545	\$59,513	\$2,032

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$21,428,678	\$21,478,859	(\$50,181)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Peggy Malanoski

**Telephone Number** 317/736-3300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	582	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	36.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$12,862	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,292	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$625	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.7%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,315,984)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.5	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Methodist Hospitals**

Year: 2003 City: Gary Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$157,311,499	Salaries and Wages	\$59,731,064
Outpatient Patient Service Revenue	\$72,318,008	Employee Benefits and Taxes	\$20,491,143
Total Gross Patient Service Revenue	\$229,629,507	Depreciation and Amortization	\$12,286,940
<b>2. Deductions from Revenue</b>		Interest Expenses	\$71,873
Contractual Allowances	\$143,084,173	Bad Debt	\$5,293,738
Other Deductions	(\$28,105,059)	Other Expenses	\$56,580,002
Total Deductions	\$114,979,114	Total Operating Expenses	\$154,454,760
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$114,650,393	Net Operating Revenue over Expenses	(\$12,230,457)
Other Operating Revenue	\$27,573,910	Net Non-operating Gains over Losses	\$2,565,431
		Total Net Gain over Loss	(\$9,665,026)

Total Operating Revenue	\$142,224,303
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6. Assets and Liabilities	
Total Assets	\$149,358,514
Total Liabilities	(\$225,238,748)

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$102,563,048	\$47,440,443	\$55,122,605
Medicaid	\$58,216,728	\$33,046,347	\$25,170,381
Other State	\$823,187	\$571,854	\$251,333
Local Government	\$0	(\$28,105,059)	(\$28,105,059)
Commercial Insurance	\$68,026,544	\$45,002,174	\$6,001,015
Total	\$229,629,507	\$114,979,114	\$114,650,393

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$18,811	\$30,605	(\$11,794)

Educational	\$134,288	\$957,924	(\$823,636)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	5,829
Number of Hospital Patients Educated In This Hospital	1,862
Number of Citizens Exposed to Health Education Message	8,162

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Gary and Merrillville
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#### **Hospital Mission Statement**

Committed to excellence in diagnostic and treatment services for all patients. We seek to enable every resident in our communities to achieve and maintain the highest possible status of health for physical, emotional and social well being.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	18,031	15,385	NR
<b>Charity Care Allocation</b>	(\$553,492)	(\$471,611)	(\$8,593,253)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Health Fairs held four times a year	(\$765,492)
Smoking Cessation Program	NR
Walk Walkers program with Health Information	NR

Reach Out and Read Early Initiative	NR
All Other Initiatives	NR

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	\$5,320,988
<b>2. Community Health Education</b>	(\$105,976)
<b>3. Community Programs and Services</b>	(\$544,862)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,971,826)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Angelica Mangana

Telephone number: 219/886-4404

Web Address Information: [www.methodisthospitals.org](http://www.methodisthospitals.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,440	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	38.7%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	185.0	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.1	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$805	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,258	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	31.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$531	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.7%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$5,320,988)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-8.6	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Methodist Hospital (Satellite)**

Year: 2003 City: Merrillville Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$214,697,899	Salaries and Wages	\$68,919,411
Outpatient Patient Service Revenue	\$123,505,967	Employee Benefits and Taxes	\$13,382,691
Total Gross Patient Service Revenue	\$338,203,866	Depreciation and Amortization	\$7,314,674
2. Deductions from Revenue		Interest Expenses	\$4,116,076
Contractual Allowances	\$188,422,542	Bad Debt	\$3,210,739
Other Deductions	(\$1,9354,990)	Other Expenses	\$50,573,337
Total Deductions	\$186,488,552	Total Operating Expenses	\$145,516,928
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$151,717,314	Net Operating Revenue over Expenses	\$10,819,845
Other Operating Revenue	\$4,619,459	Net Non-operating Gains over Losses	\$6,859,835
Total Operating Revenue	\$156,336,773	Total Net Gain over Loss	\$17,679,680



6. Assets and Liabilities	
Total Assets	\$195,545,481
Total Liabilities	(\$245,478,031)

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$152,621,311	\$90,218,712	\$62,402,599
Medicaid	\$36,933,958	\$24,547,343	\$12,386,615
Other State	\$453,151	\$83,566	\$369,585
Local Government	\$0	\$0	\$0
Commercial Insurance	\$148,195,466	\$73,572,921	\$74,622,545
Total	\$338,203,886	\$186,486,552	\$151,717,334

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$150	\$82,785	(\$82,635)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 7,108

Number of Hospital Patients Educated In This Hospital 959

Number of Citizens Exposed to Hospital's Health Education Messages 3,872

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$72,296,337	\$82,705,927	(\$10,409,590)
<b>Community Benefits</b>	\$61,259	\$277,889	(\$216,630)

For further information on this report, please contact:

**Hospital Representative** Cerelous Allen

**Telephone Number** 219/886-4000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,353	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	46.0%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	209.4	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.8	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$3,.42
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,243	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$713	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.1%	37.8%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.2%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,272,265)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.9	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Elizabeth Medical Center**

Year: 2003 City: Lafayette Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$136,098,477	Salaries and Wages	\$40,535,883
Outpatient Patient Service Revenue	\$109,088,809	Employee Benefits and Taxes	\$21,030,540
Total Gross Patient Service Revenue	\$245,187,286	Depreciation and Amortization	\$6,896,709
2. Deductions from Revenue		Interest Expenses	(\$39,252)
Contractual Allowances	\$95,381,281	Bad Debt	\$6,477,755
Other Deductions	\$32,875,142	Other Expenses	\$42,420,243
Total Deductions	\$128,256,423	Total Operating Expenses	\$117,321,878
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$116,930,863	Net Operating Revenue over Expenses	\$3,294,413
Other Operating Revenue	\$3,685,429	Net Non-operating Gains over Losses	\$129,810
		Total Net Gain over Loss	\$3,424,223

Total Operating Revenue	\$120,616,292
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6. Assets and Liabilities	
Total Assets	\$93,859,877
Total Liabilities	\$15,778,973

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$132,108,362	\$83,445,913	\$48,662,449
Medicaid	\$15,190,275	\$11,119,055	\$4,071,220
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$97,888,649	\$33,691,455	\$64,197,194
Total	\$245,187,286	\$128,256,423	\$116,930,863

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$40,651	(\$40,561)

Educational	\$1,875,517	\$2,818,127	(\$942,610)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	155
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Tippecanoe	<b>Community Served</b>	Tippecanoe County
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#### **Hospital Mission Statement**

Greater Lafayette Health Services board of directors, medical staff and employees are committed to offering superior services, quality, and clinical excellence. Are committed to the physical, mental, and spiritual well being of those we serve.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	1,350	850	3,073
<b>Charity Care Allocation</b>	(\$1,703,522)	(\$1,131,838)	(\$3,297,460)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Unreimbursed cost under government programs	(\$26,807,154)
Donations	(\$40,651)
Other unreimbursed costs	(\$1,403,750)



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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$3,297,460)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$28,251,555)
<b>4. Other Unreimbursed Costs</b>	(\$461,140)
<b>5. Total Costs of Providing Community Benefits</b>	(\$32,010,155)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Theresa Janssen

Telephone number: 765/449-5129

Web Address Information: [www.glhsi.org](http://www.glhsi.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,018	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	34.6%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	89.7	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,207	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,199	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	44.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,009	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.5%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,297,460)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.7	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Margaret Mercy Healthcare Center North**

Year: 2003 City: Hammond Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$220,681,898	Salaries and Wages	\$663,704,709
Outpatient Patient Service Revenue	\$118,378,859	Employee Benefits and Taxes	\$19,156,166
Total Gross Patient Service Revenue	\$339,060,757	Depreciation and Amortization	\$10,554,958
<b>2. Deductions from Revenue</b>		Interest Expenses	\$3,514,558
Contractual Allowances	\$165,220,178	Bad Debt	\$3,036,512
Other Deductions	\$5,591,200	Other Expenses	\$527,907,814
Total Deductions	\$170,811,378	Total Operating Expenses	\$172,059,089
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$168,249,379	Net Operating Revenue over Expenses	\$5,689,057
Other Operating Revenue	\$9,498,766	Net Non-operating Gains over Losses	\$496,513
		Total Net Gain over Loss	\$6,185,570

Total Operating Revenue	\$177,748,145
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6. Assets and Liabilities	
Total Assets	\$133,998,506
Total Liabilities	\$37,792,817

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$172,594,365	\$95,718,515	\$76,875,850
Medicaid	\$54,717,776	\$40,163,312	\$14,554,464
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$111,748,616	\$34,929,551	\$76,819,065
Total	\$339,060,757	\$170,811,378	\$168,249,379

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$352,159	\$1,042,269	\$690,110

Educational	\$114,232	\$1,406,728	(\$1,292,496)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	1,342
Number of Hospital Patients Educated In This Hospital	134,664
Number of Citizens Exposed to Health Education Message	487,269

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Lake County
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#### **Hospital Mission Statement**

Respect life; promote the dignity and wholeness of all those we serve, and responding to community needs within the limits of our resources through the provision of a comprehensive range of quality health care services.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	4,436	NR	NR
<b>Charity Care Allocation</b>	(\$10,522,201)	(\$5,499,980)	(\$6,537,000)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$814,836)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$6,537,900)
<b>2. Community Health Education</b>	(\$952,872)
<b>3. Community Programs and Services</b>	(\$814,836)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$8,305,608)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Richard Machna



Telephone number:

219/932-2300

Web Address Information:

[www.smmhc.com](http://www.smmhc.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,342	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	385.7%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	212.9	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.1	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,138	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,578	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	34.9%	40.9%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,408	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.8%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$6,537,900)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.2	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Hendricks Regional Health**

Year: 2003 City: Danville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$54,117,642	Salaries and Wages	\$44,875,623
Outpatient Patient Service Revenue	\$115,490,409	Employee Benefits and Taxes	\$11,716,674
Total Gross Patient Service Revenue	\$169,608,051	Depreciation and Amortization	\$7,229,075
2. Deductions from Revenue		Interest Expenses	\$1,416,044
Contractual Allowances	\$58,326,328	Bad Debt	\$6,366,819
Other Deductions	\$1,699,945	Other Expenses	\$32,184,532
Total Deductions	\$60,026,273	Total Operating Expenses	\$103,788,767
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$109,581,778	Net Operating Revenue over Expenses	\$8,744,705
Other Operating Revenue	\$2,951,694	Net Non-operating Gains over Losses	\$674,416
Total Operating Revenue	\$112,533,472	Total Net Gain over Loss	\$9,419,121

6. Assets and Liabilities	
Total Assets	\$189,897,491
Total Liabilities	\$70,592,796

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$55,632,836	\$31,908,846	\$23,723,990
Medicaid	\$7,186,183	\$4,008,453	\$3,159,730
Other State	\$0	\$0	\$0
Local Government	\$483,002	\$135,630	\$347,372
Commercial Insurance	\$106,324,030	\$23,973,344	\$82,350,686
Total	\$169,608,051	\$60,026,273	\$109,581,778

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$1,930,586	\$17,288,149	(\$15,357,563)
<b>Community Benefits</b>	\$571,208	\$972,325	(\$401,117)

For further information on this report, please contact:

**Hospital Representative** Gary Simpson

**Telephone Number** 317/745-4451

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	940	645
2. % of Salary	Salary Expenses divided by Total Expenses	43.2%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	69.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,882	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,543	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.1%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$747	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	32.8%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,160,066)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.8	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Laporte Hospital and Health Services**

Year: 2003 City: LaPorte Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$119,811,262	Salaries and Wages	\$42,698,920
Outpatient Patient Service Revenue	\$88,083,588	Employee Benefits and Taxes	\$10,773,560
Total Gross Patient Service Revenue	\$207,894,850	Depreciation and Amortization	\$8,336,081
2. Deductions from Revenue		Interest Expenses	\$1,527,329
Contractual Allowances	\$79,050,118	Bad Debt	\$10,403,499
Other Deductions	\$20,139,682	Other Expenses	\$30,715,826
Total Deductions	\$99,189,800	Total Operating Expenses	\$104,455,215
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$108,705,050	Net Operating Revenue over Expenses	\$7,317,479
Other Operating Revenue	\$3,067,644	Net Non-operating Gains over Losses	\$581,648
Total Operating Revenue	\$111,772,694	Total Net Gain over Loss	\$7,899,127



<b>6. Assets and Liabilities</b>	
Total Assets	\$146,404,857
Total Liabilities	\$146,404,857

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$90,129,303	\$64,546,467	\$25,582,836
Medicaid	\$19,780,510	\$14,503,651	\$5,276,859
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$97,985,038	\$15,942,968	\$82,042,070
Total	\$207,894,851	\$99,189,799	\$108,705,052

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$78,412	\$829,269	(\$750,857)

Educational	\$181,384	\$582,801	(\$690,688)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	1,405
Number of Hospital Patients Educated In This Hospital	19,589
Number of Citizens Exposed to Health Education Message	109,111

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Laporte	<b>Community Served</b>	Laporte County
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#### **Hospital Mission Statement**

To make a positive difference in the lives of those we serve by exceeding expectations, and by encouraging and supporting healthier communities and lifestyles within our service area.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	1,236	1,324	1,298
<b>Charity Care Allocation</b>	(\$1,867,911)	(\$1,639,591)	(\$2,465,204)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
School Based Wellness Education	(\$65,660)
Prevention and Wellness	(\$99,439)
Domestic Violence and Child Abuse	(\$2,142,689)
Health Education	(\$201,657)

All Others	(\$884,082)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,865,204)
<b>2. Community Health Education</b>	(\$144,636)
<b>3. Community Programs and Services</b>	(\$451,110)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$3,460,950)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Jennifer Newcomb

Telephone number: 219/326-1234

Web Address Information: [www.laportehealth.org](http://www.laportehealth.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,071	645
2. % of Salary	Salary Expenses divided by Total Expenses	40.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	77.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$6,935	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,944	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,020	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.0%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,865,204)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.5	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Howard Regional Health System**

Year: 2003 City: Kokomo Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$71,341,865	Salaries and Wages	\$39,775,717
Outpatient Patient Service Revenue	\$118,480,415	Employee Benefits and Taxes	\$10,236,723
Total Gross Patient Service Revenue	\$189,822,280	Depreciation and Amortization	\$4,962,530
2. Deductions from Revenue		Interest Expenses	\$633,313
Contractual Allowances	\$92,399,641	Bad Debt	\$6,037,447
Other Deductions	\$5,076,249	Other Expenses	\$38,842,353
Total Deductions	\$97,475,890	Total Operating Expenses	\$82,688,398
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$92,346,390	Net Operating Revenue over Expenses	\$2,678,775
Other Operating Revenue	\$10,820,468	Net Non-operating Gains over Losses	\$2,472,123
Total Operating Revenue	\$103,166,858	Total Net Gain over Loss	\$5,150,898

6. Assets and Liabilities	
Total Assets	\$74,957,224
Total Liabilities	\$24,694,668

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$81,749,240	\$50,420,366	\$31,328,874
Medicaid	\$19,006,049	\$15,802,443	\$3,113,606
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$89,066,991	\$31,163,081	\$57,903,910
Total	\$189,822,280	\$97,475,890	\$92,346,390

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$56,285	\$170,860	(\$114,575)
Educational	\$65,695	\$623,868	(\$558,173)



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 894

Number of Hospital Patients Educated In This Hospital 358

Number of Citizens Exposed to Hospital's Health Education Messages 0

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$34,766,090	\$56,409,233	(\$21,643,143)
<b>Community Benefits</b>	\$452,523	\$645,171	(\$192,648)

For further information on this report, please contact:

**Hospital Representative** Julie Pena

**Telephone Number** 765/453-0702

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	894	645
2. % of Salary	Salary Expenses divided by Total Expenses	48.1%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	90.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,355	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,854	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,198	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.3%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,071,417)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.6	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Catherine Hospital**

Year: 2003 City: East Chicago Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$82,955,873	Salaries and Wages	\$35,765,780
Outpatient Patient Service Revenue	\$51,846,546	Employee Benefits and Taxes	\$8,840,607
Total Gross Patient Service Revenue	\$134,802,419	Depreciation and Amortization	\$2,448,823
2. Deductions from Revenue		Interest Expenses	\$2,119,160
Contractual Allowances	\$46,252,618	Bad Debt	\$4,637,913
Other Deductions	\$4,094,831	Other Expenses	\$40,403,194
Total Deductions	\$50,347,449	Total Operating Expenses	\$94,215,477
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$84,454,970	Net Operating Revenue over Expenses	(\$8,502,512)
Other Operating Revenue	\$1,257,995	Net Non-operating Gains over Losses	\$7,175,247
		Total Net Gain over Loss	(\$1,327,265)

Total Operating Revenue	\$85,712,965
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6. Assets and Liabilities	
Total Assets	\$55,246,521
Total Liabilities	\$49,404,066

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$64,037,121	\$26,225,576	\$37,811,545
Medicaid	\$23,859,112	\$5,872,330	\$17,986,782
Other State	\$0	\$0	\$0
Local Government	\$4,114,648	\$4,114,648	\$0
Commercial Insurance	\$42,791,538	\$14,134,895	\$28,656,643
Total	\$134,802,419	\$50,347,449	\$84,454,970

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$58,807	\$58,807	\$0

Educational	\$11,072	\$225,294	(\$214,222)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	1,571
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	12,500

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	East Chicago, Whitling, Hessville, and surrounding communities in Lake County.
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#### **Hospital Mission Statement**

Our emphasis is on wholistic healthcare, encompassing the physical, spiritual, emotional, and psychological needs of each person. Fidelity to our belief and heritage is our shared priority.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	NO	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	801	810	800
<b>Charity Care Allocation</b>	(\$602,654)	(\$769,747)	(\$1,016,745)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Blood Pressure and Glucose Screening	(\$15,590)
Various Health Fairs	(\$14,820)
SCH Day in the Park	(\$8,000)
Various Fests and parades	(\$12,430)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$6,780,748)
<b>2. Community Health Education</b>	(\$119,555)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$6,900,303)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0



**For further information on these initiatives, contact:**

Hospital Representative: Jackie Vivo

Telephone number: 219/392-7045

Web Address Information: [www.comhs.org](http://www.comhs.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	893	645
2. % of Salary	Salary Expenses divided by Total Expenses	38.0%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	121.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,419	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,101	\$11,927

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	38.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$716	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.5%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.9%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$6,780,748)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-9.9	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Clark Memorial Hospital**

Year: 2003 City: Jeffersonville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$140,915,000	Salaries and Wages	\$40,904,967
Outpatient Patient Service Revenue	\$137,849,000	Employee Benefits and Taxes	\$10,254,388
Total Gross Patient Service Revenue	\$278,764,000	Depreciation and Amortization	\$7,598,207
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$159,967,000	Bad Debt	\$0
Other Deductions	\$14,778,210	Other Expenses	\$40,475,321
Total Deductions	\$174,745,210	Total Operating Expenses	\$105,232,883
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$104,018,790	Net Operating Revenue over Expenses	\$470,529
Other Operating Revenue	\$1,684,622	Net Non-operating Gains over Losses	\$1,813,356
Total Operating Revenue	\$105,703,412	Total Net Gain over Loss	\$2,282,885

6. Assets and Liabilities	
Total Assets	\$122,404,476
Total Liabilities	\$122,404,476

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$117,080,880	\$75,093,000	\$41,987,880
Medicaid	\$41,786,724	\$21,998,000	\$19,788,724
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$119,896,396	\$64,634,000	\$55,262,396
Total	\$278,764,000	\$161,725,000	\$117,039,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$526,652	(\$526,652)
Educational	\$358,000	\$703,000	(\$345,000)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	3
Number of Hospital Patients Educated In This Hospital	100
Number of Citizens Exposed to Hospital's Health Education Messages	5,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$1,963,606	(\$1,963,606)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**                      Kirk Stark

**Telephone Number**                              812/283-2142

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,207	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	147.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,321	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,302	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,301	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.0%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.0%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$770,089)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.4	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Joseph Hospital & Health Center**

Year: 2003 City: Kokomo Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$55,902,915	Salaries and Wages	\$29,139,086
Outpatient Patient Service Revenue	\$65,380,663	Employee Benefits and Taxes	\$8,936,218
Total Gross Patient Service Revenue	\$121,283,578	Depreciation and Amortization	\$5,597,040
2. Deductions from Revenue		Interest Expenses	\$1,290,501
Contractual Allowances	\$46,749,661	Bad Debt	\$3,669,862
Other Deductions	\$1,380,800	Other Expenses	\$26,151,346
Total Deductions	\$48,130,461	Total Operating Expenses	\$74,784,053
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$73,153,117	Net Operating Revenue over Expenses	\$499,076
Other Operating Revenue	\$2,130,012	Net Non-operating Gains over Losses	(\$2,047,483)
		Total Net Gain over Loss	(\$1,548,407)



Total Operating Revenue	\$75,283,129
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6. Assets and Liabilities	
Total Assets	\$91,396,298
Total Liabilities	\$91,396,298

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$52,969,232	\$28,298,739	\$24,670,493
Medicaid	\$6,911,856	\$5,179,665	\$1,732,191
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$61,402,490	\$14,652,057	\$46,750,433
Total	\$121,283,578	\$48,130,461	\$73,153,117

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$10,782	(\$10,782)

Educational	\$0	\$191,190	(\$191,190)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	960
Number of Citizens Exposed to Health Education Message	31,699

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Howard	<b>Community Served</b>	Residents of Kokomo, Howard, and surrounding area.
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#### **Hospital Mission Statement**

To make a positive difference in the lives and health of individuals and communities. Central to our mission is services to those persons who are poor. The health services we provide will be spiritual centered, accessible and affordable.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2000

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	43,587	30,339	38,214
<b>Charity Care Allocation</b>	(\$3,939,711)	(\$2,982,142)	(\$3,849,921)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Traditional inpatient/outpatient medical care	(\$809,627)
Clinic of Hope	(\$290,787)
Support of outreach of health fairs for spec needs	(\$428,956)

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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$808,489)
<b>2. Community Health Education</b>	(\$186,769)
<b>3. Community Programs and Services</b>	(\$496,142)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,419,400)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 765/456-5516

Web Address Information: [www.stjosephhospital.net](http://www.stjosephhospital.net)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	713	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.0%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	73.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$7,802	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,131	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.9%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,301	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.7%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.9%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$808,489)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.7	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Marion General Hospital**

Year: 2003 City: Marion Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$78,034,510	Salaries and Wages	\$40,241,991
Outpatient Patient Service Revenue	\$97,353,362	Employee Benefits and Taxes	\$11,581,167
Total Gross Patient Service Revenue	\$175,387,872	Depreciation and Amortization	\$8,080,490
2. Deductions from Revenue		Interest Expenses	\$1,981,970
Contractual Allowances	\$76,598,393	Bad Debt	\$4,226,151
Other Deductions	\$0	Other Expenses	\$32,402,633
Total Deductions	\$76,598,393	Total Operating Expenses	\$98,514,402
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$98,789,479	Net Operating Revenue over Expenses	\$3,213,868
Other Operating Revenue	\$2,938,791	Net Non-operating Gains over Losses	(\$16,032,351)
		Total Net Gain over Loss	(\$12,818,483)

Total Operating Revenue	\$101,728,270
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6. Assets and Liabilities	
Total Assets	\$186,532,946
Total Liabilities	\$77,321,579

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$70,930,752	\$48,361,351	\$22,569,401
Medicaid	\$20,176,518	\$14,444,925	\$5,731,593
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$84,280,602	\$13,792,117	\$70,488,485
Total	\$175,387,872	\$76,598,393	\$98,789,479

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$99,620	\$0	\$99,620



Educational	\$75,187	\$1,890,346	(\$1,815,159)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	1,706
Number of Hospital Patients Educated In This Hospital	809
Number of Citizens Exposed to Health Education Message	132,967

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Grant	<b>Community Served</b>	Grant and surrounding counties.
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#### Hospital Mission Statement

Quality cost-effective health and hospital services and the leadership to improve the health status of Grant County and surrounding counties.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1999

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	1,167	1,626	1,509
<b>Charity Care Allocation</b>	(\$1,912,375)	(\$2,258,784)	(\$1,212,133)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Parish Nurse Program	(\$42,612)
Congestive Heart Failure Clinic	(\$175,753)
Women's Center	(\$82,464)
Maternal Child Health	(\$29,148)

Meals on Wheels	(\$125,775)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,284,075)
<b>2. Community Health Education</b>	(\$1,227,238)
<b>3. Community Programs and Services</b>	(\$88,052)
<b>4. Other Unreimbursed Costs</b>	(\$79,814)
<b>5. Total Costs of Providing Community Benefits</b>	(\$3,679,179)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Tony Roberts

Telephone number: 765/662-1400

Web Address Information: [www.mgh.net](http://www.mgh.net)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,014	645
2. % of Salary	Salary Expenses divided by Total Expenses	40.8%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	73.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,156	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,696	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$719	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,284,075)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.2	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Saint Joseph Regional Medical Center- South Bend**

Year: 2003 City: South Bend Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$207,064,242	Salaries and Wages	\$51,396,320
Outpatient Patient Service Revenue	\$105,364,165	Employee Benefits and Taxes	\$12,751,298
Total Gross Patient Service Revenue	\$312,428,407	Depreciation and Amortization	\$8,340,455
2. Deductions from Revenue		Interest Expenses	\$1,805,718
Contractual Allowances	\$155,655,444	Bad Debt	\$8,052,056
Other Deductions	\$8,349,721	Other Expenses	\$69,285,771
Total Deductions	\$164,005,165	Total Operating Expenses	\$151,631,618
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$148,423,242	Net Operating Revenue over Expenses	\$1,873,061
Other Operating Revenue	\$5,081,437	Net Non-operating Gains over Losses	\$16,884
		Total Net Gain over Loss	\$1,889,945

Total Operating Revenue	\$153,504,679
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6. Assets and Liabilities	
Total Assets	\$112,550,656
Total Liabilities	\$47,048,648

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$156,031,940	\$98,996,298	\$57,035,642
Medicaid	\$29,445,980	\$20,167,621	\$9,278,359
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$126,950,487	\$36,491,525	\$90,458,962
Total	\$312,428,407	\$155,655,444	\$156,772,963

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$305,850	\$0	\$305,850

Educational	\$1,811,565	\$6,184,203	(\$4,372,638)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	28
Number of Hospital Patients Educated In This Hospital	1,200
Number of Citizens Exposed to Health Education Message	32,529

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	St. Joseph	<b>Community Served</b>	St. Joseph
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#### Hospital Mission Statement

We serve together in Trinity Health in the spirit of the Gospel to head, body, mind, and spirit to improve the health of our communities and to steward the resource entrusted in us.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	5,369	4,892	2,082
<b>Charity Care Allocation</b>	(\$4,561,590)	(\$3,349,108)	(\$2,648,689)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$1,227,121)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,648,689)
<b>2. Community Health Education</b>	(\$320,147)
<b>3. Community Programs and Services</b>	(\$1,158,909)
<b>4. Other Unreimbursed Costs</b>	(\$344,338)
<b>5. Total Costs of Providing Community Benefits</b>	(\$4,472,083)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Martin Breeden

Telephone number: 574/247-8720

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,199	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	33.9%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	142.1	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,934	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,536	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	33.7%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$864	\$1,022

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.3%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,648,689)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.2	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Sullivan County Community Hospital**

Year: 2003 City: Sullivan Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,217,297	Salaries and Wages	\$6,155,019
Outpatient Patient Service Revenue	\$15,738,548	Employee Benefits and Taxes	\$1,687,521
Total Gross Patient Service Revenue	\$31,955,845	Depreciation and Amortization	\$1,445,614
2. Deductions from Revenue		Interest Expenses	\$242,716
Contractual Allowances	\$15,148,042	Bad Debt	\$1,456,022
Other Deductions	\$12,076	Other Expenses	\$5,355,255
Total Deductions	\$16,160,118	Total Operating Expenses	\$16,342,147
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,795,727	Net Operating Revenue over Expenses	\$815,027
Other Operating Revenue	\$361,447	Net Non-operating Gains over Losses	\$114,450
Total Operating Revenue	\$17,157,174	Total Net Gain over Loss	\$929,477

6. Assets and Liabilities	
Total Assets	\$26,544,187
Total Liabilities	\$12,152,404

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,525,344	\$9,652,225	\$5,873,119
Medicaid	\$4,741,453	\$2,667,711	\$2,073,742
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$11,689,048	\$2,840,182	\$8,848,866
Total	\$31,955,845	\$15,160,118	\$16,795,727

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$29,000	\$29,000	\$0
Educational	\$7,956	\$22,021	(\$14,065)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 24

Number of Citizens Exposed to Hospital's Health Education Messages 125

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$975,924	\$988,000	(\$12,076)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Alan Montella

**Telephone Number** 812/268/4311

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	188	238
2. % of Salary	Salary Expenses divided by Total Expenses	37.7%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	18.6	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,130	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,590	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,088	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.9%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$12,076)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Winona Memorial Hospital**

Year: 2003 City: Indianapolis Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$25,927,050	Salaries and Wages	\$10,831,588
Outpatient Patient Service Revenue	\$18,196,066	Employee Benefits and Taxes	\$0
Total Gross Patient Service Revenue	\$44,123,116	Depreciation and Amortization	\$1,121,934
2. Deductions from Revenue		Interest Expenses	\$3,265,635
Contractual Allowances	\$23,699,724	Bad Debt	\$813,406
Other Deductions	\$0	Other Expenses	\$9,427,442
Total Deductions	\$23,699,724	Total Operating Expenses	\$25,406,005
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$20,423,392	Net Operating Revenue over Expenses	(\$4,924,424)
Other Operating Revenue	\$112,371	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$20,535,763	Total Net Gain over Loss	(\$4,924,424)

6. Assets and Liabilities	
Total Assets	\$40,289,141
Total Liabilities	\$35,125,282

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$25,150,176	\$14,232,714	\$10,917,462
Medicaid	\$3,176,864	\$3,283,599	\$106,735
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$15,796,076	\$6,396,881	\$9,399,195
Total	\$44,123,116	\$23,699,724	\$20,423,392

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Patrick E. Feyen

**Telephone Number** 317/927/2221

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	202	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.5%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	38.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	7.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,657	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,148	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.2%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$641	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	57.0%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.2%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-24.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Anthony Memorial Health Centers**

Year: 2003 City: Michigan City Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$109,528,124	Salaries and Wages	\$35,979,950
Outpatient Patient Service Revenue	\$80,975,446	Employee Benefits and Taxes	\$12,100,005
Total Gross Patient Service Revenue	\$190,503,570	Depreciation and Amortization	\$6,140,268
<b>2. Deductions from Revenue</b>		Interest Expenses	\$2,225,440
Contractual Allowances	\$81,356,367	Bad Debt	\$4,500,001
Other Deductions	\$7,485,977	Other Expenses	\$37,647,262
Total Deductions	\$88,842,344	Total Operating Expenses	\$98,592,926
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$101,661,226	Net Operating Revenue over Expenses	\$7,384,246
Other Operating Revenue	\$4,315,946	Net Non-operating Gains over Losses	\$68,755
		Total Net Gain over Loss	\$7,453,001

Total Operating Revenue	\$105,977,172
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6. Assets and Liabilities	
Total Assets	\$118,369,872
Total Liabilities	\$118,369,872

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$74,954,083	\$46,921,321	\$28,032,762
Medicaid	\$28,478,380	\$19,835,836	\$8,642,544
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$87,071,107	\$14,599,210	\$72,471,897
Total	\$190,503,570	\$81,356,367	\$109,147,203

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0



Educational	\$3,300	\$350,084	(\$346,784)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	8,390
Number of Citizens Exposed to Health Education Message	12,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Laporte	<b>Community Served</b>	Laporte County
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#### **Hospital Mission Statement**

Provide a healing environment where those with health needs are cared for with respect, compassionate concern, joyful service, Christian stewardship, and a recognition of our mortality.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	736	778	822
<b>Charity Care Allocation</b>	(\$1,340,247)	(\$148,363)	(\$1,918,907)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Open Door Clinic	(\$324,874)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$1,918,904)
<b>2. Community Health Education</b>	(\$118,604)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,037,508)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Robert Steininger

Telephone number: 219/877-1770

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	803	645
2. % of Salary	Salary Expenses divided by Total Expenses	36.5%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	110.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,417	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,055	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,241	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.3%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.6%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,918,904)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.0	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Lutheran Hospital of Indiana**

Year: 2003 City: Fort Wayne Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$390,132,932	Salaries and Wages	\$74,685,785
Outpatient Patient Service Revenue	\$186,085,205	Employee Benefits and Taxes	\$20,376,472
Total Gross Patient Service Revenue	\$576,218,137	Depreciation and Amortization	\$9,713,017
2. Deductions from Revenue		Interest Expenses	\$24,975,107
Contractual Allowances	\$296,701,147	Bad Debt	\$5,567,118
Other Deductions	\$3,606,226	Other Expenses	\$103,931,764
Total Deductions	\$300,307,373	Total Operating Expenses	\$239,249,233
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$275,910,764	Net Operating Revenue over Expenses	\$44,593,097
Other Operating Revenue	\$7,931,566	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$282,842,330	Total Net Gain over Loss	\$44,593,097

6. Assets and Liabilities	
Total Assets	\$574,703,665
Total Liabilities	\$574,703,665

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$262,045,798	\$176,435,107	\$85,610,691
Medicaid	\$24,856,226	\$22,708,619	\$2,144,607
Other State	\$0	\$0	\$0
Local Government	\$3,145,300	\$1,686,704	\$1,458,596
Commercial Insurance	\$286,173,813	\$95,870,717	\$190,303,096
Total	\$576,218,137	\$296,701,147	\$279,516,990

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$12,000	\$193,000	(\$181,000)
Educational	\$1,113,128	\$3,007,378	(\$1,894,250)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	8,753
Number of Hospital Patients Educated In This Hospital	221,000
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$77,786,455	\$114,172,775	(\$36,386,320)
<b>Community Benefits</b>	\$0	\$1,907,639	(\$1,907,639)

For further information on this report, please contact:

**Hospital Representative** Pam Cavacini

**Telephone Number** 260/435-7001



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,784	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	31.2%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	256.1	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,489	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,616	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	32.3%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$998	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.5%	37.8%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,442,627)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	15.7	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Elkhart General Hospital**

Year: 2003 City: Elkhart Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$211,911,903	Salaries and Wages	\$71,742,929
Outpatient Patient Service Revenue	\$146,548,082	Employee Benefits and Taxes	\$28,210,124
Total Gross Patient Service Revenue	\$358,459,985	Depreciation and Amortization	\$13,006,160
2. Deductions from Revenue		Interest Expenses	\$2,685,971
Contractual Allowances	\$157,288,892	Bad Debt	\$9,886,880
Other Deductions	\$4,448,504	Other Expenses	\$75,621,604
Total Deductions	\$161,737,396	Total Operating Expenses	\$201,153,668
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$196,722,589	Net Operating Revenue over Expenses	\$4,149,489
Other Operating Revenue	\$8,580,858	Net Non-operating Gains over Losses	\$17,625,423
		Total Net Gain over Loss	\$21,774,912

Total Operating Revenue	\$205,303,157
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6. Assets and Liabilities	
Total Assets	\$327,065,000
Total Liabilities	\$121,664,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$152,540,053	\$94,321,217	\$58,218,836
Medicaid	\$26,306,517	\$22,423,076	\$3,883,441
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$179,613,415	\$40,544,599	\$139,068,816
Total	\$358,459,985	\$157,288,892	\$201,171,093

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$181,250	(\$181,250)

Educational	\$0	\$1,210,695	(\$1,210,695)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	15,000
Number of Citizens Exposed to Health Education Message	400,000

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Elkhart	<b>Community Served</b>	Elkhart County and surrounding Michiana areas.
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#### Hospital Mission Statement

Caring for the sick and injured through high quality clinical and supportive services.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	802	1,429	1,245
<b>Charity Care Allocation</b>	(\$2,419,708)	(\$3,153,645)	(\$4,448,504)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Benefit Program	(\$417,552)
On Billed Services	(\$1,592,068)
Low/Negative Margin Services	(\$375,650)

### **Summary of Unreimbursed Costs of Charity Care, Government**

## Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,340,313)
2. Community Health Education	(\$901,295)
3. Community Programs and Services	(\$993,325)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$4,234,933)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Renee Keck

Telephone number:

574/523-3439

Web Address Information:

[www.egh.org](http://www.egh.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,072	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	35.7%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	163.6	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$5,464	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,401	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.9%	40.9%



8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$830	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.6%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.9%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,340,311)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.0	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Joseph Hospital of Huntingburg**

Year: 2003 City: Huntingburg Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,659,472	Salaries and Wages	\$8,250,122
Outpatient Patient Service Revenue	\$16,856,713	Employee Benefits and Taxes	\$2,025,683
Total Gross Patient Service Revenue	\$34,516,185	Depreciation and Amortization	\$1,190,221
2. Deductions from Revenue		Interest Expenses	\$404,915
Contractual Allowances	\$14,575,565	Bad Debt	\$653,232
Other Deductions	\$63,940	Other Expenses	\$7,182,809
Total Deductions	\$14,639,505	Total Operating Expenses	\$19,706,982
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$19,876,680	Net Operating Revenue over Expenses	\$962,980
Other Operating Revenue	\$793,283	Net Non-operating Gains over Losses	\$114,811
Total Operating Revenue	\$20,669,963	Total Net Gain over Loss	\$1,077,791

6. Assets and Liabilities	
Total Assets	\$14,028,025
Total Liabilities	\$9,114,450

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$17,923,582	\$7,698,171	\$10,225,411
Medicaid	\$1,649,878	\$175,621	\$1,474,256
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,942,724	\$6,701,772	\$8,240,953
Total	\$34,516,184	\$14,575,565	\$19,940,620

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$47,385	\$19,353	\$28,032

Educational	\$12,874	\$102,096	(\$89,220)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	329
Number of Hospital Patients Educated In This Hospital	1,294
Number of Citizens Exposed to Health Education Message	4,197

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Dubois	<b>Community Served</b>	Dubois County
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#### Hospital Mission Statement

Continue to provide to our patients medical care in a responsible cost effective manner, provide a positive safe environment, and provide leadership and continuity of operations for our community.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	92	NR	NR
<b>Charity Care Allocation</b>	(\$160,303)	(\$410,002)	\$0

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$106,193)
<b>2. Community Health Education</b>	(\$34,568)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$140,761)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Rita Howard

Telephone number: 812/683-6163

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	295	645
2. % of Salary	Salary Expenses divided by Total Expenses	41.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,831	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,284	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	48.8%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$383	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$106,193)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.7	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Gibson General Hospital**

Year: 2003 City: Princeton Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$5,243,481	Salaries and Wages	\$8,395,487
Outpatient Patient Service Revenue	\$27,847,188	Employee Benefits and Taxes	\$2,348,562
Total Gross Patient Service Revenue	\$33,090,669	Depreciation and Amortization	\$645,618
<b>2. Deductions from Revenue</b>		Interest Expenses	\$68,468
Contractual Allowances	\$10,974,763	Bad Debt	\$1,041,366
Other Deductions	\$2,606,157	Other Expenses	\$5,368,073
Total Deductions	\$13,580,920	Total Operating Expenses	\$17,866,574
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$19,509,749	Net Operating Revenue over Expenses	\$1,044,622
Other Operating Revenue	\$402,448	Net Non-operating Gains over Losses	(\$73,896)
Total Operating Revenue	\$19,912,197	Total Net Gain over Loss	\$970,727

6. Assets and Liabilities	
Total Assets	\$12,189,838
Total Liabilities	\$12,189,838

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$15,021,538	\$8,710,743	\$6,310,795
Medicaid	\$3,762,937	\$1,164,020	\$1,498,917
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,306,194	\$2,606,157	\$11,700,037
Total	\$33,090,669	\$13,580,920	\$19,509,749

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Gibson	<b>Community Served</b>	Gibson, southern Knox, northern Pike, and northern Warrick counties.
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#### Hospital Mission Statement

To provide high quality and cost effective health care for the area.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	90	7	8
<b>Charity Care Allocation</b>	(\$66,168)	(\$35,632)	(\$7,000)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Monthly Radio Show-Community Education	(\$11,724)
Prenatal Classes	(\$8,248)
Community First Aid Classes	(\$1,299)
CPR & First Aid Training for High School Students	(\$2,659)

Athletic Physicals	(\$8,232)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$79,462)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$32,162)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$111,624)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Michael J. Budnick

Telephone number: 812/385-3401

Web Address Information: [www.gibsongeneral.com](http://www.gibsongeneral.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	244	238
2. % of Salary	Salary Expenses divided by Total Expenses	47.0%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.1	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,687	\$4,004

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,501	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	84.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$829	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$79,462)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.2	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Parkview Hospital**

Year: 2003 City: Fort Wayne Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$458,067,715	Salaries and Wages	\$152,654,708
Outpatient Patient Service Revenue	\$276,140,579	Employee Benefits and Taxes	\$38,868,825
Total Gross Patient Service Revenue	\$734,208,294	Depreciation and Amortization	\$18,187,596
2. Deductions from Revenue		Interest Expenses	\$93,621
Contractual Allowances	\$306,429,720	Bad Debt	\$32,430,227
Other Deductions	\$11,718,646	Other Expenses	\$140,641,048
Total Deductions	\$318,148,366	Total Operating Expenses	\$382,876,025
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$416,059,928	Net Operating Revenue over Expenses	\$45,204,161
Other Operating Revenue	\$12,020,259	Net Non-operating Gains over Losses	\$1,088,763
Total Operating Revenue	\$428,080,186	Total Net Gain over Loss	\$46,292,924



<b>6. Assets and Liabilities</b>	
Total Assets	\$430,919,942
Total Liabilities	\$12,875,457

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$289,736,328	\$188,149,148	\$101,587,180
Medicaid	\$73,065,274	\$56,748,106	\$16,317,168
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$371,406,692	\$182,881,320	\$188,525,372
Total	\$734,208,294	\$427,778,574	\$306,429,720

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$969,290	\$4,923,009	(\$3,953,719)

Educational	\$2,098,099	\$7,165,278	(\$5,067,179)
Research	\$926,248	\$1,748,223	(\$821,975)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	11,177
Number of Hospital Patients Educated In This Hospital	3,006
Number of Citizens Exposed to Health Education Message	384,594

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Allen	<b>Community Served</b>	Serving Allen, Huntington, and Whitley counties.
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#### **Hospital Mission Statement**

Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	2,003	2,570	4,656
<b>Charity Care Allocation</b>	(\$2,206,622)	(\$2,358,839)	(\$2,356,792)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Nursing Outreach Indigent Care	(\$1,846,776)
Promotion of Health Careers	(\$1,767,863)
Parkview Research Center	(\$770,783)

Indiana Novation CTR Cardiovascular Informatics	(\$309,995)
All Other Initiatives	(\$7,473,682)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,356,792)
<b>2. Community Health Education</b>	(\$2,145,903)
<b>3. Community Programs and Services</b>	(\$1,505,878)
<b>4. Other Unreimbursed Costs</b>	(\$736,809)
<b>5. Total Costs of Providing Community Benefits</b>	(\$6,745,382)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Ken Menefee

Telephone number: 260/373-7975

Web Address Information: [www.parkview.com](http://www.parkview.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	3,266	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	355.3	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,335	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,307	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.6%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,361	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.5%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.5%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,356,792)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.6	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Clare Medical Center**

Year: 2003 City: Crawfordsville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$32,266,186	Salaries and Wages	\$15,319,330
Outpatient Patient Service Revenue	\$37,503,928	Employee Benefits and Taxes	\$3,497,750
Total Gross Patient Service Revenue	\$69,770,114	Depreciation and Amortization	\$4,880,631
2. Deductions from Revenue		Interest Expenses	\$1,300,734
Contractual Allowances	\$28,993,335	Bad Debt	\$1,180,352
Other Deductions	\$2,660,335	Other Expenses	\$12,760,626
Total Deductions	\$31,653,670	Total Operating Expenses	\$38,939,423
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$36,116,443	Net Operating Revenue over Expenses	\$42,086
Other Operating Revenue	\$865,066	Net Non-operating Gains over Losses	\$15,676
		Total Net Gain over Loss	\$57,762

Total Operating Revenue	\$38,981,509
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6. Assets and Liabilities	
Total Assets	\$70,796,798
Total Liabilities	\$4,907,163

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$35,687,442	\$19,958,987	\$15,728,455
Medicaid	\$6,618,043	\$4,341,876	\$2,276,167
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,464,629	\$7,352,808	\$20,111,821
Total	\$69,770,114	\$31,653,671	\$38,116,443

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$63,883	\$11,054	\$52,829



Educational	\$0	\$186,784	(\$186,784)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	87
Number of Hospital Patients Educated In This Hospital	20,808
Number of Citizens Exposed to Health Education Message	25,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Montgomery	<b>Community Served</b>	Montgomery county and residents of Fountain, Parke, and Boone counties.
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#### **Hospital Mission Statement**

To extend the compassion of Christ's healing ministry by providing services to meet the healthcare needs of our community.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	675	814	1,066
<b>Charity Care Allocation</b>	(\$1,466,318)	(\$1,768,209)	(\$2,315,936)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Oncology	(\$81,934)
Neighborhood Clinic	(\$322,292)
Sports Medicine	(\$147,507)
Home Health Service	(\$607,274)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,310,936)
<b>2. Community Health Education</b>	(\$33,346)
<b>3. Community Programs and Services</b>	(\$1,159,007)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$3,503,289)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Jeff Zeh

Telephone number: 365/364-3100

Web Address Information: [www.stclaremedical.org](http://www.stclaremedical.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	388	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	43.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,443	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,476	\$11,927

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.8%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$684	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.2%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.0%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,310,936)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.1	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Union Hospital**

Year: 2003 City: Terre Haute Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$211,475,365	Salaries and Wages	\$63,054,206
Outpatient Patient Service Revenue	\$143,289,830	Employee Benefits and Taxes	\$22,171,712
Total Gross Patient Service Revenue	\$354,765,195	Depreciation and Amortization	\$7,827,104
2. Deductions from Revenue		Interest Expenses	\$2,364,658
Contractual Allowances	\$166,992,466	Bad Debt	\$11,411,005
Other Deductions	\$6,468,692	Other Expenses	\$80,508,375
Total Deductions	\$173,461,158	Total Operating Expenses	\$187,337,060
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$188,624,355	Net Operating Revenue over Expenses	\$6,451,867
Other Operating Revenue	\$5,164,572	Net Non-operating Gains over Losses	\$46,050
		Total Net Gain over Loss	\$6,497,917

Total Operating Revenue	\$193,788,927
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6. Assets and Liabilities	
Total Assets	\$174,947,025
Total Liabilities	\$80,142,743

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$175,364,493	\$107,673,854	\$67,690,639
Medicaid	\$31,322,285	\$27,342,632	\$3,979,653
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$160,256,780	\$31,975,981	\$128,280,799
Total	\$366,943,558	\$166,992,467	\$199,951,091

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$37,159	(\$37,159)

Educational	\$0	\$9,218,903	(\$9,218,903)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	75,665
Number of Hospital Patients Educated In This Hospital	410,233
Number of Citizens Exposed to Health Education Message	1,601

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Vigo	<b>Community Served</b>	Clay, Greene, Parke, Vermillion & Vigo counties in Indiana and Clark and Edger counties in Illinois.
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#### **Hospital Mission Statement**

Union Hospital is a nonprofit regional medical center whose primary mission is to be served defined community needs through the provision of a comprehensive range of quality, cost-effective health services.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>



Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	2,724	NR
<b>Charity Care Allocation</b>	(\$3,411,396)	(\$2,581,585)	(\$3,258,474)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Subsidized Health Services for community clinic	(\$2,392,746)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$3,258,474)
<b>2. Community Health Education</b>	(\$50,521)
<b>3. Community Programs and Services</b>	(\$2,461,032)
<b>4. Other Unreimbursed Costs</b>	(\$218,827)
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,988,854)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Jan Crane

Telephone number:

812/238-7000

Web Address Information:

[www.uhhg.org](http://www.uhhg.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,623	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	33.7%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	181.0	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,941	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,589	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.4%	40.9%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,472	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.4%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,258,474)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Wishard Health Services**

Year: 2003 City: Indianapolis Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$193,215,640	Salaries and Wages	\$129,529,529
Outpatient Patient Service Revenue	\$260,721,746	Employee Benefits and Taxes	\$32,863,398
Total Gross Patient Service Revenue	\$453,937,386	Depreciation and Amortization	\$17,333,636
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$110,175,791	Bad Debt	\$16,529,180
Other Deductions	\$160,289,292	Other Expenses	\$162,640,376
Total Deductions	\$270,465,083	Total Operating Expenses	\$358,962,119
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$183,472,303	Net Operating Revenue over Expenses	(\$2,384,123)
Other Operating Revenue	\$173,105,693	Net Non-operating Gains over Losses	\$5,230,559
Total Operating Revenue	\$356,577,996	Total Net Gain over Loss	\$2,846,436

6. Assets and Liabilities	
Total Assets	\$310,192,444
Total Liabilities	\$75,650,911

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$106,813,967	\$42,727,132	\$64,086,835
Medicaid	\$120,727,518	\$54,150,511	\$66,077,007
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$223,395,901	\$173,587,440	\$53,308,461
Total	\$453,937,386	\$270,465,083	\$183,472,303

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$7,466,294	\$7,465,045	\$1,249
Educational	\$4,393,881	\$9,323,869	(\$4,929,988)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 195

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$284,178,281	\$318,860,771	(\$34,682,490)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**

John Kuhn

**Telephone Number**

317/630/7592

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	3,040	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	36.1%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	190.4	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,888	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,799	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$431	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	23.5%	37.8%



10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.6%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$137,965,994)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-.07	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Goshen General Hospital**

Year: 2003 City: Goshen Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$72,070,673	Salaries and Wages	\$34,331,331
Outpatient Patient Service Revenue	\$89,598,809	Employee Benefits and Taxes	\$8,868,082
Total Gross Patient Service Revenue	\$161,669,482	Depreciation and Amortization	\$5,472,679
<b>2. Deductions from Revenue</b>		Interest Expenses	\$921,376
Contractual Allowances	\$63,526,067	Bad Debt	\$8,359,613
Other Deductions	\$3,587,076	Other Expenses	\$33,278,687
Total Deductions	\$67,113,143	Total Operating Expenses	\$91,231,768
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$94,556,339	Net Operating Revenue over Expenses	\$4,623,660
Other Operating Revenue	\$1,299,089	Net Non-operating Gains over Losses	\$3,365,637
		Total Net Gain over Loss	\$7,989,297

Total Operating Revenue	\$95,855,428
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6. Assets and Liabilities	
Total Assets	\$103,847,887
Total Liabilities	\$35,955,897

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$67,679,190	\$44,305,735	\$23,373,455
Medicaid	\$12,500,596	\$9,300,714	\$3,199,882
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$81,489,696	\$13,506,694	\$67,983,002
Total	\$161,669,482	\$67,113,143	\$94,556,339

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$181,383	\$43,215	\$138,168

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Elkhart	<b>Community Served</b>	Elkhart Lagrange, Noble, and Kosciusko counties.
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#### Hospital Mission Statement

Dedicated to providing primary care that is both comprehensive and cost effective. Strive for patient outcomes of superior quality.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	NO	Community Plan	YES

Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	377	517	291
<b>Charity Care Allocation</b>	(\$419,408)	(\$550,428)	(\$1,503,079)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Health Assessment	(\$5,686)
Community Health Education	(\$5,235)
Community Programs/Services	(\$711,691)
Health Professional Training	(\$23,002)

Colleges and Universities	(\$135,893)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$1,062,000)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$711,691)
<b>4. Other Unreimbursed Costs</b>	(\$169,817)
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,943,508)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: James O Dague

Telephone number: 574/533-2141

Web Address Information: [www.goshenhealth.com](http://www.goshenhealth.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	756	645
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	50.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,834	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,726	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$892	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.2%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,062,000)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Putnam County Hospital**

Year: 2003 City: Greencastle Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,592,318	Salaries and Wages	\$10,117,761
Outpatient Patient Service Revenue	\$31,330,253	Employee Benefits and Taxes	\$3,538,260
Total Gross Patient Service Revenue	\$43,922,571	Depreciation and Amortization	\$1,445,528
2. Deductions from Revenue		Interest Expenses	\$377,793
Contractual Allowances	\$16,583,336	Bad Debt	\$2,588,006
Other Deductions	\$170,297	Other Expenses	\$8,838,426
Total Deductions	\$16,753,633	Total Operating Expenses	\$26,905,774
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$27,168,938	Net Operating Revenue over Expenses	\$534,305
Other Operating Revenue	\$271,141	Net Non-operating Gains over Losses	\$84,890
Total Operating Revenue	\$27,440,079	Total Net Gain over Loss	\$619,195

6. Assets and Liabilities	
Total Assets	\$26,897,135
Total Liabilities	\$10,053,875

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,264,789	\$11,252,483	\$7,011,593
Medicaid	\$3,944,789	\$2,371,745	\$1,573,045
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$21,713,704	\$3,129,405	\$18,584,299
Total	\$43,922,570	\$16,753,633	\$27,186,937

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$20,000	(\$20,000)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 36,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$8,725,328	\$12,705,810	(\$3,980,482)
<b>Community Benefits</b>	\$0	\$72,046	(\$72,046)

For further information on this report, please contact:

**Hospital Representative** Mark Blessing

**Telephone Number** 765/655-2620

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	230	238
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	17.1	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$8,293	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,792	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$765	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.6%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$546,952)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.9	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Joseph Regional Medical Hospital Mishawaka**

Year: 2003 City: Mishawaka Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$52,488,000	Salaries and Wages	\$21,441,000
Outpatient Patient Service Revenue	\$63,612,000	Employee Benefits and Taxes	\$5,674,000
Total Gross Patient Service Revenue	\$116,100,000	Depreciation and Amortization	\$1,948,000
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,303,000
Contractual Allowances	\$60,566,000	Bad Debt	\$2,767,000
Other Deductions	\$2,775,000	Other Expenses	\$28,274,000
Total Deductions	\$63,341,000	Total Operating Expenses	\$61,407,000
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$52,758,000	Net Operating Revenue over Expenses	(\$6,964,000)
Other Operating Revenue	\$1,685,000	Net Non-operating Gains over Losses	\$30,000
		Total Net Gain over Loss	(\$6,934,000)

Total Operating Revenue	\$54,443,000
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6. Assets and Liabilities	
Total Assets	\$34,365,000
Total Liabilities	\$41,359,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$53,948,000	\$33,828,000	\$20,120,000
Medicaid	\$12,054,000	\$8,308,000	\$3,746,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$50,098,000	\$21,206,000	\$28,892,000
Total	\$116,100,000	\$63,342,000	\$52,758,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$314,000	\$250,000	\$64,000

Educational	\$193,000	\$371,000	(\$178,000)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	105
Number of Hospital Patients Educated In This Hospital	92,000
Number of Citizens Exposed to Health Education Message	200,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	St. Joseph	<b>Community Served</b>	Services to specific communities in Elkhart, Marshall, and St. Joseph counties in Indiana and Berrien and Cass counties in Michigan.
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#### **Hospital Mission Statement**

We serve together in Trinity Health in the spirit of the Gospel to head body, mind, and spirit to improve the health of our communities and to steward the resources entrusted to us.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>



Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$158,000)	(\$869,000)	(\$1,211,000)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$108,000)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$1,211,000)
<b>2. Community Health Education</b>	(\$10,000)
<b>3. Community Programs and Services</b>	(\$108,000)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,329,000)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Mary Roos

Telephone number:

574/259-2431

Web Address Information:

[www.sjmed.com](http://www.sjmed.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	475	645
2. % of Salary	Salary Expenses divided by Total Expenses	34.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	35.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,587	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,727	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.8%	52.3%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$720	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.5%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.5%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,211,000)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-12.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Henry County Memorial Hospital**

Year: 2003 City: New Castle Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$37,566,414	Salaries and Wages	\$20,340,498
Outpatient Patient Service Revenue	\$50,945,362	Employee Benefits and Taxes	\$8,132,406
Total Gross Patient Service Revenue	\$88,511,776	Depreciation and Amortization	\$2,769,262
2. Deductions from Revenue		Interest Expenses	\$187,171
Contractual Allowances	\$39,021,281	Bad Debt	\$3,116,953
Other Deductions	\$1,097,837	Other Expenses	\$13,338,247
Total Deductions	\$40,119,118	Total Operating Expenses	\$47,884,537
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$48,392,658	Net Operating Revenue over Expenses	\$1,903,923
Other Operating Revenue	\$1,395,802	Net Non-operating Gains over Losses	\$2,699,944
Total Operating Revenue	\$49,788,460	Total Net Gain over Loss	\$4,603,867

6. Assets and Liabilities	
Total Assets	\$62,168,233
Total Liabilities	\$16,213,674

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$36,457,943	\$24,036,358	\$12,421,585
Medicaid	\$9,385,629	\$6,344,742	\$3,040,887
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$42,668,204	\$9,738,018	\$32,930,186
Total	\$88,511,776	\$40,119,118	\$48,372,658

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$61,679	\$61,679	\$0
Educational	\$0	\$1,000,636	(\$1,000,636)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	684
Number of Hospital Patients Educated In This Hospital	46,414
Number of Citizens Exposed to Hospital's Health Education Messages	40,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$13,810,369	\$33,582,104	(\$19,771,735)
<b>Community Benefits</b>	\$4,834	\$1,924,028	(\$1,919,194)

For further information on this report, please contact:

**Hospital Representative** Diane York

**Telephone Number** 765//521-0890

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	554	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.5%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	39.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$11,706	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,145	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.6%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$623	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.2%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.5%	5.5%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$505,005)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.8	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Jay County Hospital**

Year: 2003 City: Portland Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$8,770,031	Salaries and Wages	\$6,013,474
Outpatient Patient Service Revenue	\$18,790,451	Employee Benefits and Taxes	\$1,964,943
Total Gross Patient Service Revenue	\$27,560,481	Depreciation and Amortization	\$1,058,150
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$10,054,262	Bad Debt	\$2,318,580
Other Deductions	\$209,781	Other Expenses	\$7,148,978
Total Deductions	\$10,264,043	Total Operating Expenses	\$18,504,123
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,296,438	Net Operating Revenue over Expenses	(\$184,403)
Other Operating Revenue	\$1,023,285	Net Non-operating Gains over Losses	\$285,590
Total Operating Revenue	\$18,319,723	Total Net Gain over Loss	\$101,187

6. Assets and Liabilities	
Total Assets	\$20,990,151
Total Liabilities	\$493,586

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,778,362	\$6,772,935	\$5,005,427
Medicaid	\$2,799,969	\$1,754,401	\$1,045,568
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$12,982,150	\$1,736,707	\$11,248,443
Total	\$27,560,481	\$10,264,043	\$17,296,438

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$209,781	(\$209,781)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Don Michael

**Telephone Number** 260/726-7131

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	182	238
2. % of Salary	Salary Expenses divided by Total Expenses	32.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	11.4	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,982	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,653	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$515	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	12.5%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$209,781)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.0	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Francis Hospital & Health Centers**

Year: 2003 City: Beech Grove Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$364,700,156	Salaries and Wages	\$137,238,015
Outpatient Patient Service Revenue	\$295,199,466	Employee Benefits and Taxes	\$40,430,652
Total Gross Patient Service Revenue	\$659,899,622	Depreciation and Amortization	\$17,660,553
<b>2. Deductions from Revenue</b>		Interest Expenses	\$4,969,030
Contractual Allowances	\$317,971,130	Bad Debt	\$7,339,083
Other Deductions	\$0	Other Expenses	\$130,755,699
Total Deductions	\$317,971,130	Total Operating Expenses	\$338,393,032
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$341,928,492	Net Operating Revenue over Expenses	\$20,942,385
Other Operating Revenue	\$17,406,935	Net Non-operating Gains over Losses	\$456,224
		Total Net Gain over Loss	\$21,398,609

Total Operating Revenue	\$359,335,417
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6. Assets and Liabilities	
Total Assets	\$258,937,335
Total Liabilities	\$50,425,580

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$292,537,977	\$176,878,939	\$115,659,038
Medicaid	\$46,002,255	\$20,465,218	\$25,537,037
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$321,359,390	\$120,626,973	\$200,732,417
Total	\$659,899,622	\$317,971,130	\$341,928,492

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$279,653	\$214,472	\$65,181



Educational	\$2,707,564	\$7,258,393	(\$4,601,829)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Perry and Franklin Township in Marion County and White River and Clark, Pleasant Townships in Johnson County.
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#### **Hospital Mission Statement**

We strive to treat the spiritual, physical, and emotional needs of our patients with special attention to those who otherwise would receive no care.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$53,235,000)	(\$65,718,000)	(\$8,697,924)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$4,913,349)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$8,697,924)
<b>2. Community Health Education</b>	(\$1,829,151)
<b>3. Community Programs and Services</b>	(\$4,913,349)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$15,440,424)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Robert Broady

Telephone number: 317/783-8133

Web Address Information: [www.stfrancishospitals.org](http://www.stfrancishospitals.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,799	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	272.0	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,421	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,377	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	44.7%	40.9%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$886	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.3%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.2%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$8,697,924)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.8	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Porter Memorial Hospital**

Year: 2003 City: Valparaiso Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$163,992,300	Salaries and Wages	\$65,770,300
Outpatient Patient Service Revenue	\$176,893,900	Employee Benefits and Taxes	\$18,404,300
Total Gross Patient Service Revenue	\$345,886,200	Depreciation and Amortization	\$11,959,600
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$157,602,500	Bad Debt	\$535,893
Other Deductions	\$18,578,400	Other Expenses	\$71,659,607
Total Deductions	\$176,180,900	Total Operating Expenses	\$167,847,700
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$169,705,300	Net Operating Revenue over Expenses	\$6,297,300
Other Operating Revenue	\$4,439,700	Net Non-operating Gains over Losses	\$2,428,100
Total Operating Revenue	\$174,145,000	Total Net Gain over Loss	\$8,725,400

6. Assets and Liabilities	
Total Assets	\$188,809,300
Total Liabilities	\$188,809,300

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$143,694,700	\$91,577,900	\$52,116,800
Medicaid	\$22,924,500	\$17,545,600	\$5,378,900
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$179,267,000	\$48,479,000	\$130,788,000
Total	\$345,886,200	\$157,602,500	\$188,283,700

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$114,000	\$0	\$114,000
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$3,706,800	(\$3,706,800)
<b>Community Benefits</b>	\$950,000	\$2,883,100	(\$1,933,100)

For further information on this report, please contact:

**Hospital Representative** Ronald Winger

**Telephone Number** 219/465-4600



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,519	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	39.2%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	148.5	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,013	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,639	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	51.1%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,034	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.5%	37.8%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.3%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,706,800)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.6	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: White County Memorial Hospital**

Year: 2003 City: Monticello Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$6,940,735	Salaries and Wages	\$6,538,789
Outpatient Patient Service Revenue	\$17,049,400	Employee Benefits and Taxes	\$3,042,147
Total Gross Patient Service Revenue	\$23,990,135	Depreciation and Amortization	\$769,811
2. Deductions from Revenue		Interest Expenses	\$256,803
Contractual Allowances	\$6,268,842	Bad Debt	\$1,124,285
Other Deductions	\$187,309	Other Expenses	\$6,084,019
Total Deductions	\$6,456,151	Total Operating Expenses	\$17,815,854
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,533,984	Net Operating Revenue over Expenses	\$173,088
Other Operating Revenue	\$454,958	Net Non-operating Gains over Losses	\$114,618
Total Operating Revenue	\$17,988,942	Total Net Gain over Loss	\$287,706

6. Assets and Liabilities	
Total Assets	\$14,477,200
Total Liabilities	\$5,775,107

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,365,362	\$3,768,248	\$7,597,114
Medicaid	\$2,521,854	\$1,252,313	\$1,269,541
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,102,919	\$1,248,281	\$8,854,638
Total	\$23,990,135	\$6,268,842	\$17,721,293

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$23,952	\$109,058	(\$85,106)
Educational	\$0	\$242,002	(\$242,002)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	50
Number of Hospital Patients Educated In This Hospital	1,402
Number of Citizens Exposed to Hospital's Health Education Messages	500

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$8,825,958	\$9,175,106	(\$349,148)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**

Kris Karns

**Telephone Number**

574/583/7111

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	194	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.7%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,524	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$3,252	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$416	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	47.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.3%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$187,309)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.0	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Hancock Memorial Hospital & Health Service**

Year: 2003 City: Greenfield Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$36,958,914	Salaries and Wages	\$25,226,483
Outpatient Patient Service Revenue	\$53,761,364	Employee Benefits and Taxes	\$5,897,710
Total Gross Patient Service Revenue	\$90,720,278	Depreciation and Amortization	\$4,367,119
2. Deductions from Revenue		Interest Expenses	\$1,186,861
Contractual Allowances	\$33,424,011	Bad Debt	\$3,255,305
Other Deductions	\$0	Other Expenses	\$17,939,491
Total Deductions	\$33,424,011	Total Operating Expenses	\$57,872,969
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$57,296,267	Net Operating Revenue over Expenses	\$2,596,647
Other Operating Revenue	\$3,173,349	Net Non-operating Gains over Losses	\$550,000
Total Operating Revenue	\$60,469,616	Total Net Gain over Loss	\$3,146,647



6. Assets and Liabilities	
Total Assets	\$74,813,264
Total Liabilities	\$74,813,264

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$44,060,588	\$22,833,388	\$21,227,200
Medicaid	\$5,414,555	\$3,649,909	\$1,764,646
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$41,245,135	\$6,940,714	\$34,304,421
Total	\$90,720,278	\$33,424,011	\$57,296,267

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$103,748	\$0	\$103,748
Educational	\$98,861	\$579,781	(\$480,920)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 27

Number of Hospital Patients Educated In This Hospital 154

Number of Citizens Exposed to Hospital's Health Education Messages 55,992

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$14,777,226	\$23,738,994	(\$8,961,768)
<b>Community Benefits</b>	\$51,458	\$143,554	(\$92,096)

For further information on this report, please contact:

**Hospital Representative** Eric Rush

**Telephone Number** 317/468-4412

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	639	645
2. % of Salary	Salary Expenses divided by Total Expenses	43.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	39.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,691	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,980	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$752	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.6%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.6%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$392,318)	(\$1,06,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Morgan Hospital and Medical Center**

Year: 2003 City: Martinsville Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$21,829,661	Salaries and Wages	\$11,431,714
Outpatient Patient Service Revenue	\$41,509,873	Employee Benefits and Taxes	\$3,592,672
Total Gross Patient Service Revenue	\$63,339,534	Depreciation and Amortization	\$1,866,790
2. Deductions from Revenue		Interest Expenses	\$283,280
Contractual Allowances	\$26,495,133	Bad Debt	\$3,367,361
Other Deductions	\$1,169,200	Other Expenses	\$10,933,288
Total Deductions	\$27,664,333	Total Operating Expenses	\$31,598,978
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,675,200	Net Operating Revenue over Expenses	\$4,679,322
Other Operating Revenue	\$596,934	Net Non-operating Gains over Losses	\$897,827
Total Operating Revenue	\$36,272,135	Total Net Gain over Loss	\$5,577,149

6. Assets and Liabilities	
Total Assets	\$39,464,214
Total Liabilities	\$18,302,771

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$24,309,132	\$15,416,534	\$3,802,658
Medicaid	\$7,756,912	\$4,658,271	\$3,098,621
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$31,273,430	\$6,420,308	\$24,853,122
Total	\$63,339,534	\$26,495,133	\$36,844,401

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$12,236	\$117,472	(\$105,236)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	567
Number of Hospital Patients Educated In This Hospital	3,500
Number of Citizens Exposed to Hospital's Health Education Messages	67,400

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$1,192,728	(\$1,192,728)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Sharon Munson

**Telephone Number** 765/349-6503

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	244	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	21.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,851	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,851	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.5%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,585	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.7%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,169,200)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.9	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Cameron Memorial Community Hospital**

Year: 2003 City: Angola Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$9,026,043	Salaries and Wages	\$10,403,378
Outpatient Patient Service Revenue	\$32,296,950	Employee Benefits and Taxes	\$3,701,149
Total Gross Patient Service Revenue	\$41,322,993	Depreciation and Amortization	\$1,161,524
<b>2. Deductions from Revenue</b>		Interest Expenses	\$608,372
Contractual Allowances	\$13,754,129	Bad Debt	\$2,519,634
Other Deductions	\$305,359	Other Expenses	\$10,135,560
Total Deductions	\$14,059,488	Total Operating Expenses	\$28,529,617
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$27,263,505	Net Operating Revenue over Expenses	\$798,226
Other Operating Revenue	\$2,064,338	Net Non-operating Gains over Losses	\$42,000
		Total Net Gain over Loss	\$840,226

Total Operating Revenue	\$29,327,843
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6. Assets and Liabilities	
Total Assets	\$29,144,016
Total Liabilities	\$29,144,016

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,464,562	\$8,160,825	\$4,303,737
Medicaid	\$3,144,407	\$2,134,867	\$1,009,540
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$25,714,024	\$3,763,796	\$21,950,228
Total	\$41,322,993	\$14,059,488	\$27,263,505

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$42,000	\$0	\$42,000

Educational	\$17,087	\$85,984	(\$68,897)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	319
Number of Citizens Exposed to Health Education Message	5,534

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Steuben	<b>Community Served</b>	Steuben County
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#### Hospital Mission Statement

To be a major provider of a wide range of health services to the people of Steuben County and the surrounding areas. These services are to be provided in the spirit of charity, concern, and excellence.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	NO	Clinic Support	NO	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	289	501	488
<b>Charity Care Allocation</b>	(\$120,887)	(\$345,558)	(\$305,359)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Health Service	(\$68,975)
Medicaid Shortfall	(\$311,111)
Charity Care	(\$128,251)

### **Summary of Unreimbursed Costs of Charity Care, Government**

## Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$128,251)
2. Community Health Education	(\$68,974)
3. Community Programs and Services	(\$68,974)
4. Other Unreimbursed Costs	(\$146,322)
5. Total Costs of Providing Community Benefits	(\$412,521)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Dennis L. Knapp

Telephone number: 260/665-2141

Web Address Information: [www.cameronmch.com](http://www.cameronmch.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	281	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.0	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,090	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,890	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	78.2%	66.0%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,055	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	30.2%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$128,251)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.7	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Good Samaritan Hospital**

Year: 2003 City: Vincennes Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$93,231,506	Salaries and Wages	\$49,322,471
Outpatient Patient Service Revenue	\$101,412,412	Employee Benefits and Taxes	\$13,209,964
Total Gross Patient Service Revenue	\$194,643,918	Depreciation and Amortization	\$8,407,498
2. Deductions from Revenue		Interest Expenses	\$1,686,126
Contractual Allowances	\$73,478,942	Bad Debt	\$4,923,981
Other Deductions	\$2,478,507	Other Expenses	\$37,389,515
Total Deductions	\$75,957,449	Total Operating Expenses	\$114,939,555
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$118,686,469	Net Operating Revenue over Expenses	\$7,350,990
Other Operating Revenue	\$3,604,076	Net Non-operating Gains over Losses	(\$1,041,504)
Total Operating Revenue	\$122,290,545	Total Net Gain over Loss	\$6,309,486

6. Assets and Liabilities	
Total Assets	\$120,953,294
Total Liabilities	\$46,039,695

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$106,475,745	\$41,550,684	\$64,924,561
Medicaid	\$18,004,002	\$7,025,845	\$10,978,157
Other State	\$56,171	\$21,921	\$34,250
Local Government	\$0	\$0	\$0
Commercial Insurance	\$70,108,500	\$27,358,999	\$42,749,501
Total	\$194,643,918	\$75,957,449	\$118,686,469

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$262,643	\$116,053	\$146,590
Educational	\$113,693	\$639,530	(\$525,837)

Research	\$29,476	\$19,389	\$10,357
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	27
Number of Hospital Patients Educated In This Hospital	278,019
Number of Citizens Exposed to Hospital's Health Education Messages	385,221

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$47,372,386	\$74,610,671	(\$27,238,285)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Mathew D. Bailey

**Telephone Number** 812/882-5220

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,394	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	104.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$10,830	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,264	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	52.1%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$811	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	54.7%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.3%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,104,179)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Frankfort Hospital**

Year: 2003 City: Frankfort Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,202,929	Salaries and Wages	\$9,882,100
Outpatient Patient Service Revenue	\$23,676,461	Employee Benefits and Taxes	\$2,177,698
Total Gross Patient Service Revenue	\$32,879,390	Depreciation and Amortization	\$471,085
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$12,323,701	Bad Debt	\$1,246,244
Other Deductions	\$800,120	Other Expenses	\$6,923,608
Total Deductions	\$13,123,821	Total Operating Expenses	\$20,700,735
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$19,755,569	Net Operating Revenue over Expenses	(\$623,417)
Other Operating Revenue	\$321,749	Net Non-operating Gains over Losses	\$302,082
		Total Net Gain over Loss	(\$321,335)

Total Operating Revenue	\$20,077,318
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6. Assets and Liabilities	
Total Assets	\$8,777,669
Total Liabilities	\$8,777,669

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,350,915	\$6,893,223	\$5,457,692
Medicaid	\$3,624,377	\$2,610,568	\$1,013,809
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,904,098	\$3,620,030	\$13,284,068
Total	\$32,879,390	\$13,123,821	\$19,755,569

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$265,389	\$0	\$265,389

Educational	\$23,211	\$109,831	(\$86,620)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	100
Number of Hospital Patients Educated In This Hospital	75
Number of Citizens Exposed to Health Education Message	33,890

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Clinton	<b>Community Served</b>	Clinton County
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#### **Hospital Mission Statement**

To improve the health status of the individuals and the communities we serve, with special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	127	160,726	3,067
<b>Charity Care Allocation</b>	(\$1,034,214)	(\$1,092,500)	(\$1,499,881)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$13,320)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$355,534)
<b>2. Community Health Education</b>	(\$12,781)
<b>3. Community Programs and Services</b>	(\$13,320)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$381,635)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	209	238
2. % of Salary	Salary Expenses divided by Total Expenses	47.7%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	8.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$699	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,443	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.0%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$765	\$765

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.0%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$355,534)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.1	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Floyd Memorial Hospital and Health Services**

Year: 2003 City: New Albany Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$101,606,000	Salaries and Wages	\$45,293,000
Outpatient Patient Service Revenue	\$136,768,000	Employee Benefits and Taxes	\$11,146,000
Total Gross Patient Service Revenue	\$238,374,000	Depreciation and Amortization	\$9,957,000
2. Deductions from Revenue		Interest Expenses	\$1,143,000
Contractual Allowances	\$117,766,000	Bad Debt	\$8,131,000
Other Deductions	\$1,192,000	Other Expenses	\$39,380,000
Total Deductions	\$118,958,000	Total Operating Expenses	\$115,050,000
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$119,416,000	Net Operating Revenue over Expenses	\$6,480,000
Other Operating Revenue	\$2,114,000	Net Non-operating Gains over Losses	\$2,664,000
Total Operating Revenue	\$121,530,000	Total Net Gain over Loss	\$9,144,000

6. Assets and Liabilities	
Total Assets	\$208,390,000
Total Liabilities	\$97,453,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$97,796,000	\$54,753,000	\$43,043,000
Medicaid	\$20,252,000	\$16,015,000	\$4,237,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$120,326,000	\$46,998,000	\$73,328,000
Total	\$238,374,000	\$117,766,000	\$120,608,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$56,302	\$221,667	(\$165,365)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 8,880

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$31,515,177	\$39,813,691	(\$8,298,514)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Elaine Hayes

**Telephone Number** 812/949-5500

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,159	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	91.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,779	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,096	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,320	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.1%	5.5%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$492,422)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: DeKalb Memorial Hospital**

Year: 2003 City: Auburn Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$13,615,814	Salaries and Wages	\$13,655,432
Outpatient Patient Service Revenue	\$35,126,677	Employee Benefits and Taxes	\$4,577,248
Total Gross Patient Service Revenue	\$48,742,491	Depreciation and Amortization	\$2,134,390
<b>2. Deductions from Revenue</b>		Interest Expenses	\$363,312
Contractual Allowances	\$14,792,233	Bad Debt	\$1,903,291
Other Deductions	\$147,057	Other Expenses	\$10,275,294
Total Deductions	\$14,939,290	Total Operating Expenses	\$32,908,967
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$33,803,201	Net Operating Revenue over Expenses	\$2,593,394
Other Operating Revenue	\$1,699,160	Net Non-operating Gains over Losses	\$1,024,001
		Total Net Gain over Loss	\$3,617,395

Total Operating Revenue	\$35,502,361
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6. Assets and Liabilities	
Total Assets	\$44,331,638
Total Liabilities	\$9,215,053

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,410,856	\$9,730,738	\$9,680,118
Medicaid	\$3,416,821	\$1,926,150	\$1,490,671
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$25,914,814	\$3,282,402	\$22,263,412
Total	\$48,742,491	\$14,939,290	\$33,803,201

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$268,308	\$21,390	\$246,918

Educational	\$51,546	\$141,246	(\$89,700)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	1,435
Number of Hospital Patients Educated In This Hospital	92
Number of Citizens Exposed to Health Education Message	40,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	DeKalb	<b>Community Served</b>	DeKalb County
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#### **Hospital Mission Statement**

To meet the health care needs of the residents of DeKalb County, and the adjacent areas, through the provision of high-quality, cost effective services, delivered in a compassionate and personalized manner.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	NO	Community Plan	NO
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1998

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	147	141	182
<b>Charity Care Allocation</b>	(\$126,172)	(\$69,932)	(\$84,556)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Campaign for our Kids (CFOK)	(\$2,719)
Healthy Families	\$0
Healthy Expectations	(\$7,972)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$84,556)
<b>2. Community Health Education</b>	(\$57,789)
<b>3. Community Programs and Services</b>	(\$10,691)
<b>4. Other Unreimbursed Costs</b>	(\$125,010)
<b>5. Total Costs of Providing Community Benefits</b>	(\$278,046)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Kelly Dunham

Telephone number: 260/920-2558

Web Address Information: [www.dekalbmemorial.com](http://www.dekalbmemorial.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	349	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.2	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,045	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,877	\$8,869

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$539	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$84,556)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Terre Haute Regional Hospital**

Year: 2003 City: Terre Haute Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$132,601,327	Salaries and Wages	\$25,418,025
Outpatient Patient Service Revenue	\$79,711,566	Employee Benefits and Taxes	\$5,908,794
Total Gross Patient Service Revenue	\$212,312,893	Depreciation and Amortization	\$4,712,364
2. Deductions from Revenue		Interest Expenses	\$429,953
Contractual Allowances	\$122,808,897	Bad Debt	\$8,847,718
Other Deductions	\$0	Other Expenses	\$33,731,803
Total Deductions	\$122,808,897	Total Operating Expenses	\$79,048,657
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$89,503,996	Net Operating Revenue over Expenses	\$11,082,880
Other Operating Revenue	\$627,541	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$90,131,537	Total Net Gain over Loss	\$11,082,880

6. Assets and Liabilities	
Total Assets	\$53,303,534
Total Liabilities	\$53,303,534

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$102,129,472	\$74,032,617	\$28,096,855
Medicaid	\$25,532,787	\$19,798,484	\$5,734,303
Other State	\$0	\$0	\$0
Local Government	\$2,629,030	\$1,586,435	\$1,042,595
Commercial Insurance	\$82,021,604	\$27,391,361	\$54,630,243
Total	\$212,312,893	\$122,808,897	\$89,503,996

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	(\$104,338)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$32,350,414	\$37,835,319	(\$5,484,905)
<b>Community Benefits</b>	\$0	\$1,127,343	(\$1,127,343)

For further information on this report, please contact:

**Hospital Representative** Tammy M. Lowe

**Telephone Number** 812/237/1100

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	678	645
2. % of Salary	Salary Expenses divided by Total Expenses	32.2%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	97.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$25,493	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,963	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,636	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	11.2%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$130,323)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: St. Joseph Hospital**

Year: 2003 City: Fort Wayne Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$113,790,939	Salaries and Wages	\$29,845,980
Outpatient Patient Service Revenue	\$56,753,714	Employee Benefits and Taxes	\$6,818,009
Total Gross Patient Service Revenue	\$170,544,653	Depreciation and Amortization	\$3,722,234
2. Deductions from Revenue		Interest Expenses	\$4,464,275
Contractual Allowances	\$85,605,923	Bad Debt	\$5,494,398
Other Deductions	\$3,604,958	Other Expenses	\$33,404,971
Total Deductions	\$89,210,881	Total Operating Expenses	\$83,749,867
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$81,333,772	Net Operating Revenue over Expenses	(\$424,259)
Other Operating Revenue	\$1,991,836	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$83,325,608	Total Net Gain over Loss	(\$424,259)

6. Assets and Liabilities	
Total Assets	\$110,355,745
Total Liabilities	\$110,355,745

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$79,485,344	\$51,194,601	\$28,290,743
Medicaid	\$13,877,135	\$10,731,781	\$3,146,354
Other State	\$0	\$0	\$0
Local Government	\$2,469,262	\$2,510,469	(\$41,207)
Commercial Insurance	\$74,712,912	\$22,581,527	\$52,131,385
Total	\$170,544,653	\$87,018,378	\$83,526,275

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$1,065	\$112,497	(\$111,432)
Educational	\$258,317	\$1,991,927	(\$1,733,610)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	1,100
Number of Hospital Patients Educated In This Hospital	3,000
Number of Citizens Exposed to Hospital's Health Education Messages	10,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$34,850,669	\$49,798,997	(\$14,948,328)
<b>Community Benefits</b>	\$0	\$1,734,972	(\$1,734,972)

For further information on this report, please contact:

**Hospital Representative**      Mike Rutkowski

**Telephone Number**              260/425-3000



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	686	645
2. % of Salary	Salary Expenses divided by Total Expenses	35.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	96.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,673	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,458	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	33.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$735	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.6%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.6%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$994,429)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.5	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Reid Hospital & Health Care Services**

Year: 2003 City: Richmond Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$138,640,399	Salaries and Wages	\$52,288,257
Outpatient Patient Service Revenue	\$106,107,104	Employee Benefits and Taxes	\$14,186,268
Total Gross Patient Service Revenue	\$244,747,503	Depreciation and Amortization	\$10,382,893
2. Deductions from Revenue		Interest Expenses	\$435,808
Contractual Allowances	\$90,409,379	Bad Debt	\$11,778,845
Other Deductions	\$4,649,767	Other Expenses	\$46,088,067
Total Deductions	\$95,059,146	Total Operating Expenses	\$135,160,138
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$149,688,357	Net Operating Revenue over Expenses	\$18,367,606
Other Operating Revenue	\$3,839,387	Net Non-operating Gains over Losses	(\$5,589,312)
		Total Net Gain over Loss	\$12,778,294

Total Operating Revenue	\$153,527,744
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6. Assets and Liabilities	
Total Assets	\$362,918,474
Total Liabilities	\$362,918,474

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$126,666,871	\$71,914,065	\$54,752,806
Medicaid	\$22,520,490	\$17,097,727	\$5,422,763
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$95,560,142	\$1,397,587	\$94,162,555
Total	\$244,747,503	\$90,409,379	\$154,338,124

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$271,451	\$271,451	\$0

Educational	\$14,112	\$498,483	(\$484,371)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	17
Number of Hospital Patients Educated In This Hospital	1,413
Number of Citizens Exposed to Health Education Message	10,884

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Wayne	<b>Community Served</b>	Fayette, Henry, Randolph, Wayne, and Union counties.
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#### **Hospital Mission Statement**

In body, mind, spirit, hospital and its people work with others to enhance wholeness for all those we serve.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	2002

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$3,365,979)	(\$2,743,913)	(\$2,148,192)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$4,926,328)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,418,192)
<b>2. Community Health Education</b>	(\$319,665)
<b>3. Community Programs and Services</b>	(\$4,926,328)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$7,394,185)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Barry MacDowell

Telephone number: 765/983-3000

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,219	645
2. % of Salary	Salary Expenses divided by Total Expenses	38.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	161.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,518	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,812	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	43.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$900	\$847



9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.8%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.7%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,148,192)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.0	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Dunn Memorial Hospital**

Year: 2003 City: Bedford Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$18,726,874	Salaries and Wages	\$12,642,452
Outpatient Patient Service Revenue	\$40,424,810	Employee Benefits and Taxes	\$2,537,606
Total Gross Patient Service Revenue	\$59,151,684	Depreciation and Amortization	\$2,577,329
2. Deductions from Revenue		Interest Expenses	\$292,708
Contractual Allowances	\$26,517,872	Bad Debt	\$1,461,038
Other Deductions	\$804,552	Other Expenses	\$12,638,297
Total Deductions	\$27,332,424	Total Operating Expenses	\$32,149,430
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,819,260	Net Operating Revenue over Expenses	\$691,965
Other Operating Revenue	\$1,012,136	Net Non-operating Gains over Losses	\$531,368
Total Operating Revenue	\$32,841,396	Total Net Gain over Loss	\$1,213,333

6. Assets and Liabilities	
Total Assets	\$34,527,972
Total Liabilities	\$6,883,118

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,480,558	\$13,356,873	\$10,123,685
Medicaid	\$5,669,541	\$3,648,039	\$2,021,502
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$30,001,585	\$9,512,960	\$20,488,625
Total	\$59,151,684	\$26,517,872	\$32,633,812

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$8,775	\$0	\$8,775
Educational	\$6,600	\$2,500	\$4,100

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	150
Number of Hospital Patients Educated In This Hospital	800
Number of Citizens Exposed to Hospital's Health Education Messages	14,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$417,018	(\$417,018)
<b>Community Benefits</b>	\$1,949,650	\$1,775,000	(\$174,650)

For further information on this report, please contact:

**Hospital Representative** Violet Thompson

**Telephone Number** 812/276-1209

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	400	238
2. % of Salary	Salary Expenses divided by Total Expenses	39.3%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	27.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.9	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,305	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,403	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$660	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	69.7%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.5%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$417,018)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.1	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Clay Hospital**

Year: 2003 City: Brazil Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$6,329,844	Salaries and Wages	\$4,296,908
Outpatient Patient Service Revenue	\$14,672,623	Employee Benefits and Taxes	\$1,281,340
Total Gross Patient Service Revenue	\$21,002,467	Depreciation and Amortization	\$472,632
<b>2. Deductions from Revenue</b>		Interest Expenses	\$5,814
Contractual Allowances	\$6,923,751	Bad Debt	\$1,101,305
Other Deductions	\$0	Other Expenses	\$609,621
Total Deductions	\$6,926,751	Total Operating Expenses	\$12,789,527
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$14,075,716	Net Operating Revenue over Expenses	\$1,457,018
Other Operating Revenue	\$170,829	Net Non-operating Gains over Losses	\$39,076
		Total Net Gain over Loss	\$1,496,094

Total Operating Revenue	\$14,246,545
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6. Assets and Liabilities	
Total Assets	\$15,460,462
Total Liabilities	\$15,460,462

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,410,000	\$3,775,889	\$5,634,111
Medicaid	\$2,048,000	\$994,407	\$1,053,593
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$9,544,467	\$2,156,455	\$7,388,012
Total	\$21,002,467	\$6,926,751	\$14,075,716

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0



Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	2,628
Number of Citizens Exposed to Health Education Message	2,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Clay	<b>Community Served</b>	Clay County
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#### **Hospital Mission Statement**

To improve the health status of the individuals and the communities we serve, with special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	NO	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	86	134	160
<b>Charity Care Allocation</b>	(\$109,794)	(\$186,248)	(\$222,793)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Well Child Clinic	(\$1,000)
YMCA	(\$400)
Health Fair	(\$750)
Other Programs	(\$663)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$129,909)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$28,137)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$158,046)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Jerry Laue

Telephone number: 812/442-2510

Web Address Information: [www.stvincent.org](http://www.stvincent.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	152	238
2. % of Salary	Salary Expenses divided by Total Expenses	33.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$6,409	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,151	\$8,869

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.9%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$556	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.6%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$129,909)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.2	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Bloomington Hospital**

Year: 2003 City: Bloomington Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$221,043,121	Salaries and Wages	\$104,575,181
Outpatient Patient Service Revenue	\$188,667,273	Employee Benefits and Taxes	\$23,953,715
Total Gross Patient Service Revenue	\$409,710,394	Depreciation and Amortization	\$16,733,306
2. Deductions from Revenue		Interest Expenses	\$4,826,360
Contractual Allowances	\$151,610,659	Bad Debt	\$16,706,451
Other Deductions	\$4,845,214	Other Expenses	\$83,181,277
Total Deductions	\$156,455,873	Total Operating Expenses	\$249,976,290
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$253,254,521	Net Operating Revenue over Expenses	\$11,447,111
Other Operating Revenue	\$8,168,880	Net Non-operating Gains over Losses	\$4,262,119
		Total Net Gain over Loss	\$15,709,230

Total Operating Revenue	\$261,423,401
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6. Assets and Liabilities	
Total Assets	\$253,502,709
Total Liabilities	\$109,612,090

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$170,777,770	\$90,018,943	\$80,758,827
Medicaid	\$43,341,542	\$29,367,972	\$13,973,570
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$195,591,082	\$37,068,958	\$158,522,124
Total	\$409,710,394	\$156,455,873	\$253,254,521

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$717,159	\$3,000	\$714,159

Educational	\$227,927	\$2,614,091	(\$2,386,164)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	10,877
Number of Hospital Patients Educated In This Hospital	31,801
Number of Citizens Exposed to Health Education Message	846,971

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Monroe	<b>Community Served</b>	Brown, Clay, Daviess, Greene, Lawrence, Martin, Monroe, and Owen Counties
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#### **Hospital Mission Statement**

Bloomington Hospital and Health Systems exists to provide comprehensive, high quality, cost effective and caring services to the people of South Central Indiana.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$3,064,966)	(\$2,749,755)	(\$2,758,637)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All other initiatives	(\$3,793,548)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,758,637)
<b>2. Community Health Education</b>	(\$639,846)
<b>3. Community Programs and Services</b>	(\$2,936,179)
<b>4. Other Unreimbursed Costs</b>	(\$3,116,189)
<b>5. Total Costs of Providing Community Benefits</b>	(\$9,450,851)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Renee DeWitte

Telephone number: 812/353-9371

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,036	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	41.8%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	181.8	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,156	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,313	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	46.0%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,196	\$1,022

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.7%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.7%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,758,637)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.4	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Scott Memorial Hospital**

Year: 2003 City: Scottsburg Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$10,696,985	Salaries and Wages	\$6,766,691
Outpatient Patient Service Revenue	\$26,431,429	Employee Benefits and Taxes	\$1,197,571
Total Gross Patient Service Revenue	\$37,128,414	Depreciation and Amortization	\$982,086
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$16,430,368	Bad Debt	\$2,465,835
Other Deductions	\$56,763	Other Expenses	\$6,918,806
Total Deductions	\$16,487,131	Total Operating Expenses	\$18,331,089
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$20,641,283	Net Operating Revenue over Expenses	\$2,860,735
Other Operating Revenue	\$550,541	Net Non-operating Gains over Losses	\$16,051
Total Operating Revenue	\$21,191,824	Total Net Gain over Loss	\$2,876,786

6. Assets and Liabilities	
Total Assets	\$20,594,927
Total Liabilities	\$1,826,753

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,360,749	\$7,912,629	\$5,448,120
Medicaid	\$5,545,380	\$3,142,060	\$2,403,320
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$18,222,285	\$5,375,679	\$12,846,606
Total	\$37,128,414	\$16,430,368	\$20,698,046

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$16,0518	\$16,051	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$38,119	(\$38,119)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Kelly Ledbetter

**Telephone Number** 812/752/8552

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	171	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.9%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.7	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,315	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,857	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$786	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.0%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	13.5%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$37,501)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	13.5	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Tipton County Memorial Hospital**

Year: 2003 City: Tipton Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,634,938	Salaries and Wages	\$11,989,393
Outpatient Patient Service Revenue	\$27,738,339	Employee Benefits and Taxes	\$3,464,882
Total Gross Patient Service Revenue	\$45,103,277	Depreciation and Amortization	\$1,558,875
2. Deductions from Revenue		Interest Expenses	\$315,349
Contractual Allowances	\$16,056,934	Bad Debt	\$1,762,059
Other Deductions	\$0	Other Expenses	\$11,476,611
Total Deductions	\$16,056,934	Total Operating Expenses	\$30,567,172
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$29,046,343	Net Operating Revenue over Expenses	(\$68,153)
Other Operating Revenue	\$1,452,676	Net Non-operating Gains over Losses	\$489,700
Total Operating Revenue	\$30,499,019	Total Net Gain over Loss	\$421,547

6. Assets and Liabilities	
Total Assets	\$29,604,283
Total Liabilities	\$9,848,295

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,041,596	\$10,042,266	\$8,999,330
Medicaid	\$4,964,302	\$1,996,543	\$2,967,759
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$21,097,379	\$1,018,125	\$17,079,254
Total	\$45,103,277	\$16,056,934	\$29,046,343

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$40,594	\$40,594	\$0
Educational	\$3,000	\$427,146	(\$424,146)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	500
Number of Hospital Patients Educated In This Hospital	4,533
Number of Citizens Exposed to Hospital's Health Education Messages	9,500

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$8,956,479	\$24,410,714	(\$15,454,235)
<b>Community Benefits</b>	\$0	\$2,285	(\$2,285)

For further information on this report, please contact:

**Hospital Representative** Mary Stafford

**Telephone Number** 765/675/8500

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	352	238
2. % of Salary	Salary Expenses divided by Total Expenses	39.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.7	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,762	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,222	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.5%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$590	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.2%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$404,816)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-0.2	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Randolph Hospital**

Year: 2003 City: Winchester Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$6,955,173	Salaries and Wages	\$8,061,704
Outpatient Patient Service Revenue	\$23,124,744	Employee Benefits and Taxes	\$3,323,827
Total Gross Patient Service Revenue	\$30,169,917	Depreciation and Amortization	\$1,148,261
<b>2. Deductions from Revenue</b>		Interest Expenses	\$838,513
Contractual Allowances	\$4,949,813	Bad Debt	\$1,514,307
Other Deductions	\$2,313,853	Other Expenses	\$7,221,805
Total Deductions	\$7,263,666	Total Operating Expenses	\$22,108,417
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$22,906,251	Net Operating Revenue over Expenses	\$1,868,178
Other Operating Revenue	\$1,070,344	Net Non-operating Gains over Losses	\$141,526
		Total Net Gain over Loss	\$2,009,704

Total Operating Revenue	\$23,976,595
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6. Assets and Liabilities	
Total Assets	\$32,261,820
Total Liabilities	\$18,345,453

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$11,289,642	\$3,235,789	\$8,053,853
Medicaid	\$4,404,215	\$1,714,024	\$2,690,191
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,476,060	\$2,313,853	\$12,162,207
Total	\$30,169,917	\$7,263,666	\$22,906,251

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$116,796	\$0	\$116,796



Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	27,000

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Randolph	<b>Community Served</b>	Randolph County
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#### Hospital Mission Statement

To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	3,612	232,654	27,585
<b>Charity Care Allocation</b>	(\$831,033)	(\$471,863)	(\$854,142)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$712,195)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$712,195)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	237	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	7.7	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,484	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,585	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	76.6%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,410	\$765

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$712,195)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.8	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Clarian Health Partners**

Year: 2003 City: Indianapolis Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$1,294,606,000	Salaries and Wages	\$467,780,000
Outpatient Patient Service Revenue	\$755,315,000	Employee Benefits and Taxes	\$105,250,000
Total Gross Patient Service Revenue	\$2,049,921,000	Depreciation and Amortization	\$86,735,000
<b>2. Deductions from Revenue</b>		Interest Expenses	\$22,551,000
Contractual Allowances	\$711,727,000	Bad Debt	\$61,949,000
Other Deductions	\$67,802,000	Other Expenses	\$545,757,000
Total Deductions	\$779,529,000	Total Operating Expenses	\$1,290,022,000
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$1,270,392,000	Net Operating Revenue over Expenses	\$32,672,000
Other Operating Revenue	\$52,302,000	Net Non-operating Gains over Losses	\$56,327,000
		Total Net Gain over Loss	\$88,999,000

Total Operating Revenue	\$1,322,694,000
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6. Assets and Liabilities	
Total Assets	\$2,843,475,000
Total Liabilities	\$1,448,936,000

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$611,916,000	\$314,441,000	\$297,475,000
Medicaid	\$380,753,000	\$151,955,000	\$228,798,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,057,252,000	\$313,133,000	\$744,119,000
Total	\$2,049,921,000	\$779,529,000	\$1,270,392,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$271,659	\$0	\$271,659

Educational	\$4,278,273	\$48,217,362	(\$43,939,089)
Research	\$378,996	\$3,021,680	(\$2,642,684)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	350
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	1,551,261

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	State of Indiana
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#### Hospital Mission Statement

To improve the health of our patients and community through innovation and excellence in care, education, research, and service.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES



Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	2,424	2,404	2,404
<b>Charity Care Allocation</b>	(\$46,483,251)	(\$54,001,166)	(\$18,255,107)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Violence	(\$172,000)
School Based programs/clinics	(\$83,765)
Tobacco prevention, education and research	(\$40,000)
Obesity	(\$59,340)

Injury prevention	(\$1,237,185)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$18,255,107)
<b>2. Community Health Education</b>	(\$2,424,058)
<b>3. Community Programs and Services</b>	(\$7,917,382)
<b>4. Other Unreimbursed Costs</b>	(\$1,030,211)
<b>5. Total Costs of Providing Community Benefits</b>	(\$29,626,758)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Don Deutsch

Telephone number: 574/962-6110

Web Address Information: [www.clarian.org](http://www.clarian.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	9,341	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	36.3%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	906.8	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.5	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,758	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$25,497	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	36.8%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,120	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	29.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.8%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$18,255,107)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.5	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Francis Hospital & Health Centers**

Year: 2003 City: Mooresville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$32,641,682	Salaries and Wages	\$10,781,320
Outpatient Patient Service Revenue	\$28,986,280	Employee Benefits and Taxes	\$3,250,577
Total Gross Patient Service Revenue	\$61,627,962	Depreciation and Amortization	\$1,819,093
2. Deductions from Revenue		Interest Expenses	\$1,374,453
Contractual Allowances	\$23,937,936	Bad Debt	\$2,505,069
Other Deductions	\$0	Other Expenses	\$17,063,347
Total Deductions	\$23,937,936	Total Operating Expenses	\$36,793,859
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$37,690,026	Net Operating Revenue over Expenses	\$1,978,847
Other Operating Revenue	\$1,082,680	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$1,978,847

Total Operating Revenue	\$38,772,706
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6. Assets and Liabilities	
Total Assets	\$0
Total Liabilities	\$0

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$22,946,695	\$8,768,084	\$14,178,611
Medicaid	\$2,343,395	\$1,300,775	\$1,942,620
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$35,437,872	\$13,869,007	\$21,568,795
Total	\$61,627,962	\$23,937,936	\$37,690,026

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$3,822	\$95,629	(\$91,807)
Research	\$0	\$137,932	(\$137,932)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Morgan	<b>Community Served</b>	White River, Clark, Pleasant Townships in Johnson County.
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#### Hospital Mission Statement

We strive to treat the spiritual, physical, and emotional needs of our patients with special attention to those who otherwise would receive no care.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$53,235,000)	(\$65,718,000)	(\$808,004)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$549,408)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.



<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$808,004)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$549,408)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,357,412)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Robert Broady

Telephone number: 317/834-9612

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	262	645
2. % of Salary	Salary Expenses divided by Total Expenses	29.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	22.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,239	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,818	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.0%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$533	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.2%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.8%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$808,004)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.1	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Memorial Hospital of South Bend**

Year: 2003 City: South Bend Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$368,770,444	Salaries and Wages	\$95,211,424
Outpatient Patient Service Revenue	\$162,214,789	Employee Benefits and Taxes	\$25,563,885
Total Gross Patient Service Revenue	\$530,985,233	Depreciation and Amortization	\$14,407,493
<b>2. Deductions from Revenue</b>		Interest Expenses	\$4,337,573
Contractual Allowances	\$258,493,419	Bad Debt	\$14,887,670
Other Deductions	\$6,159,314	Other Expenses	\$104,297,343
Total Deductions	\$264,652,733	Total Operating Expenses	\$258,705,388
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$266,332,500	Net Operating Revenue over Expenses	\$16,700,283
Other Operating Revenue	\$9,073,171	Net Non-operating Gains over Losses	\$7,024,856
		Total Net Gain over Loss	\$23,725,139

Total Operating Revenue	\$275,405,671
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6. Assets and Liabilities	
Total Assets	\$431,407,111
Total Liabilities	\$431,407,111

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$202,870,181	\$135,436,168	\$67,434,013
Medicaid	\$66,114,920	\$46,001,414	\$20,113,506
Other State	\$4,321,208	\$3,045,847	\$1,275,361
Local Government	\$793,015	\$343,216	\$449,799
Commercial Insurance	\$256,885,909	\$73,666,774	\$183,219,135
Total	\$530,985,233	\$258,493,419	\$272,491,814

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$212,307	(\$212,307)

Educational	\$386,238	\$5,436,883	(\$5,050,645)
Research	\$1,109,983	\$1,463,447	(\$353,464)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	97
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	St. Joseph	<b>Community Served</b>	St. Joseph County
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#### **Hospital Mission Statement**

Memorial Hospital will provide access to compassionate high quality health services and serve the regional community by offering needed health services.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	2,321	2,181	2,799
<b>Charity Care Allocation</b>	(\$1,406,977)	(\$1,477,122)	(\$1,939,266)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
African American Women in Touch	(\$236,792)
Congregational Nursing – Health Education	(\$350,432)
School Based Health and Abstinence programming	(\$364,833)

Center for the Homeless – PEDS-Development Delay	(\$98,048)
Other Community-based Health Partnership	(\$2,972,060)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,388,068)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$1,743,845)
<b>4. Other Unreimbursed Costs</b>	(\$1,196,700)
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,328,613)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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Memorial E. Blair	(\$458,082)
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**For further information on these initiatives, contact:**

Hospital Representative: Margo DeMont

Telephone number: 574/647-1356

Web Address Information: [www.qualityoflife.org](http://www.qualityoflife.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,036	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	240.7	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$800	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,015	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	30.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,104	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.2%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,388,068)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.1	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Riverview Hospital**

Year: 2003 City: Noblesville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$85,194,402	Salaries and Wages	\$37,829,575
Outpatient Patient Service Revenue	\$89,051,281	Employee Benefits and Taxes	\$7,651,341
Total Gross Patient Service Revenue	\$174,245,682	Depreciation and Amortization	\$6,474,207
2. Deductions from Revenue		Interest Expenses	\$2,212,165
Contractual Allowances	\$72,007,350	Bad Debt	\$7,436,084
Other Deductions	\$696,884	Other Expenses	\$39,581,320
Total Deductions	\$72,704,234	Total Operating Expenses	\$101,184,692
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$101,541,448	Net Operating Revenue over Expenses	\$3,502,372
Other Operating Revenue	\$3,145,617	Net Non-operating Gains over Losses	\$2,879,629
Total Operating Revenue	\$104,687,064	Total Net Gain over Loss	\$6,382,001

6. Assets and Liabilities	
Total Assets	\$132,427,394
Total Liabilities	\$5,971,552

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$66,031,376	\$39,505,552	\$26,525,824
Medicaid	\$9,200,000	\$6,353,602	\$2,846,398
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$99,014,306	\$26,148,196	\$72,866,110
Total	\$174,245,682	\$72,007,350	\$102,238,332

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$1,450,000	(\$1,450,000)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	200
Number of Hospital Patients Educated In This Hospital	100,000
Number of Citizens Exposed to Hospital's Health Education Messages	210,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$29,550,000	\$40,850,000	(\$11,300,000)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**      Jon P. Anderson

**Telephone Number**              317/776/7106

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	732	645
2. % of Salary	Salary Expenses divided by Total Expenses	37.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	49.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,958	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,027	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	51.1%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,002	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.3%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$375,000)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: West Central Community Hospital**

Year: 2003 City: Clinton Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,128,162	Salaries and Wages	\$5,741,043
Outpatient Patient Service Revenue	\$19,537,271	Employee Benefits and Taxes	\$1,861,184
Total Gross Patient Service Revenue	\$31,665,433	Depreciation and Amortization	\$348,549
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$14,256,107	Bad Debt	\$1,407,517
Other Deductions	\$645,541	Other Expenses	\$7,279,805
Total Deductions	\$14,901,948	Total Operating Expenses	\$16,638,098
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,763,785	Net Operating Revenue over Expenses	\$468,347
Other Operating Revenue	\$342,660	Net Non-operating Gains over Losses	\$16,515
		Total Net Gain over Loss	\$484,862



Total Operating Revenue	\$17,106,445
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6. Assets and Liabilities	
Total Assets	NA
Total Liabilities	NA

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,872,891	\$8,261,130	\$5,611,761
Medicaid	\$4,086,262	\$3,761,012	\$325,250
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,706,280	\$2,233,965	\$11,472,315
Total	\$31,665,433	\$14,256,107	\$17,409,326

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$1,645	(\$1,645)

Educational	\$0	\$147,553	(\$147,553)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	21,973
Number of Hospital Patients Educated In This Hospital	31,546
Number of Citizens Exposed to Health Education Message	2,061

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Vermillion	<b>Community Served</b>	Parke and Vermillion counties.
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#### **Hospital Mission Statement**

Provide compassionate convenient, quality cost effective services to meet the identified needs of residents. As a nonprofit organization, services are offered regardless of an individual's ability to pay within the organizations available resources.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	175	NR
<b>Charity Care Allocation</b>	(\$202,694)	(\$288,406)	(\$385,730)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No Programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$385,730)
<b>2. Community Health Education</b>	(\$5,109)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	(\$5,597)
<b>5. Total Costs of Providing Community Benefits</b>	(\$396,436)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Jan Crane

Telephone number:

812/238-7000

Web Address Information:

[www.uhhg.org](http://www.uhhg.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	156	238
2. % of Salary	Salary Expenses divided by Total Expenses	34.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.9	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,625	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,344	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.7%	66.0%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$936	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	43.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.5%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$385,730)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.7	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Daviess Community Hospital**

Year: 2003 City: Washington Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$30,403,660	Salaries and Wages	\$15,375,574
Outpatient Patient Service Revenue	\$33,339,912	Employee Benefits and Taxes	\$1,828,733
Total Gross Patient Service Revenue	\$63,743,572	Depreciation and Amortization	\$2,557,763
2. Deductions from Revenue		Interest Expenses	\$1,128,448
Contractual Allowances	\$21,289,941	Bad Debt	\$2,308,968
Other Deductions	\$3,528,156	Other Expenses	\$15,337,220
Total Deductions	\$24,818,097	Total Operating Expenses	\$38,535,706
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$38,925,475	Net Operating Revenue over Expenses	\$1,327,404
Other Operating Revenue	\$937,635	Net Non-operating Gains over Losses	\$478,743
Total Operating Revenue	\$39,863,110	Total Net Gain over Loss	\$1,806,147

6. Assets and Liabilities	
Total Assets	\$55,572,930
Total Liabilities	\$25,931,956

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$31,963,174	\$16,954,207	\$15,008,967
Medicaid	\$9,086,906	\$4,335,734	\$4,751,172
Other State	\$0	\$0	\$0
Local Government	\$259,956	\$64,989	\$194,967
Commercial Insurance	\$22,433,536	\$3,463,167	\$18,970,369
Total	\$63,743,572	\$24,818,097	\$38,925,475

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$31,731	\$31,731	\$0
Educational	\$0	\$0	\$0



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$1,042,558	(\$1,042,558)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Conya Wampler

**Telephone Number** 812/537-2760

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	443	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	36.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$9,462	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,528	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	52.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$467	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.0%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$125,043)	(\$1,06,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Decatur County Memorial Hospital**

Year: 2003 City: Greensburg Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,567,218	Salaries and Wages	\$13,107,533
Outpatient Patient Service Revenue	\$35,645,689	Employee Benefits and Taxes	\$3,720,190
Total Gross Patient Service Revenue	\$52,212,907	Depreciation and Amortization	\$1,271,902
2. Deductions from Revenue		Interest Expenses	\$145,559
Contractual Allowances	\$20,061,759	Bad Debt	\$2,528,737
Other Deductions	\$682,877	Other Expenses	\$9,528,737
Total Deductions	\$20,744,636	Total Operating Expenses	\$30,360,533
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,468,271	Net Operating Revenue over Expenses	\$1,540,621
Other Operating Revenue	\$432,882	Net Non-operating Gains over Losses	\$682,765
Total Operating Revenue	\$31,901,153	Total Net Gain over Loss	\$2,223,387

6. Assets and Liabilities	
Total Assets	\$35,261,820
Total Liabilities	\$35,261,820

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,325,826	\$12,940,977	\$7,384,849
Medicaid	\$4,175,821	\$2,773,717	\$1,402,104
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$27,711,260	\$4,347,065	\$23,364,195
Total	\$52,212,907	\$20,061,759	\$32,151,148

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$217,692	(\$217,692)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Carol Geise

**Telephone Number** 812/663-4331

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	327	238
2. % of Salary	Salary Expenses divided by Total Expenses	43.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,779	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,093	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$727	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.9%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.3%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$217,692)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Fayette Memorial Hospital Association**

Year: 2003 City: Connersville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$28,078,839	Salaries and Wages	\$19,124,259
Outpatient Patient Service Revenue	\$47,990,503	Employee Benefits and Taxes	\$4,875,031
Total Gross Patient Service Revenue	\$76,069,342	Depreciation and Amortization	\$3,849,431
2. Deductions from Revenue		Interest Expenses	\$737,472
Contractual Allowances	\$33,368,592	Bad Debt	\$2,933,729
Other Deductions	\$0	Other Expenses	\$11,742,662
Total Deductions	\$33,368,592	Total Operating Expenses	\$43,262,584
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$42,700,750	Net Operating Revenue over Expenses	\$955,104
Other Operating Revenue	\$1,516,938	Net Non-operating Gains over Losses	\$1,398,270
		Total Net Gain over Loss	\$2,353,375

Total Operating Revenue	\$44,217,688
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6. Assets and Liabilities	
Total Assets	\$58,425,622
Total Liabilities	\$31,553,827

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$31,701,758	\$21,850,744	\$9,851,014
Medicaid	\$9,546,026	\$8,184,416	\$1,361,610
Other State	\$0	\$0	\$0
Local Government	\$1,719,500	\$1,037,433	\$682,067
Commercial Insurance	\$26,497,907	\$2,575,569	\$23,922,338
Total	\$69,465,191	\$33,648,162	\$35,817,029

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$20,000	\$0	\$20,000

Educational	\$54,790	\$155,347	(\$129,047)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Fayette	<b>Community Served</b>	Fayette County
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#### **Hospital Mission Statement**

Fayette Memorial Hospital is a community directed nonprofit organization committed to provide primary access to a continuum of quality cost-effective health care services offered by the hospital physicians and other health care providers.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	91	91	91
<b>Charity Care Allocation</b>	(\$386,799)	(\$402,734)	(\$333,254)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Fayette Memorial Hospital Assoc. Health Fair	(\$2,950)
Race for the Cure	(\$1,020)
Miscellaneous	(\$1,231)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$333,254)
<b>2. Community Health Education</b>	(\$14,245)
<b>3. Community Programs and Services</b>	(\$5,201)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$352,700)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Patsy Moore

Telephone number: 765/827-7985

Web Address Information: [www.fayettememorial.org](http://www.fayettememorial.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	469	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.2%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	35.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.1	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,632	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,085	\$11,927

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.1%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$444	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.7%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.8%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$333,254)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.2	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Schneck Medical Hospital**

Year: 2003 City: Seymour Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$30,322,388	Salaries and Wages	\$22,556,398
Outpatient Patient Service Revenue	\$64,102,595	Employee Benefits and Taxes	\$6,600,497
Total Gross Patient Service Revenue	\$94,424,983	Depreciation and Amortization	\$3,772,733
2. Deductions from Revenue		Interest Expenses	\$1,424,944
Contractual Allowances	\$36,062,946	Bad Debt	\$4,021,048
Other Deductions	\$284,355	Other Expenses	\$15,735,657
Total Deductions	\$36,347,301	Total Operating Expenses	\$54,111,277
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$58,077,686	Net Operating Revenue over Expenses	\$4,584,202
Other Operating Revenue	\$617,802	Net Non-operating Gains over Losses	\$3,784,223
Total Operating Revenue	\$58,695,488	Total Net Gain over Loss	\$8,368,425



6. Assets and Liabilities	
Total Assets	\$107,536,072
Total Liabilities	\$31,459,294

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$34,630,880	\$23,294,859	\$11,3396,021
Medicaid	\$7,840,270	\$4,540,829	\$3,299,441
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$51,953,833	\$8,511,613	\$43,442,220
Total	\$94,424,983	\$36,347,301	\$58,077,682

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$139,448	\$74,448	\$65,000
Educational	\$57,786	\$86,795	(\$29,009)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	7,242
Number of Citizens Exposed to Hospital's Health Education Messages	252,815

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$14,972,576	\$17,315,262	(\$2,342,686)
<b>Community Benefits</b>	\$1,191,246	\$2,179,404	(\$988,158)

For further information on this report, please contact:

**Hospital Representative**      Shawna Shinkle

**Telephone Number**      812/522/2349

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	532	645
2. % of Salary	Salary Expenses divided by Total Expenses	41.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	36.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$11,802	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,393	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	67.9%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$803	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.7%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.4%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$284,355)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.8	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Greene County General Hospital**

Year: 2003 City: Linton Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$8,083,168	Salaries and Wages	\$7,419,102
Outpatient Patient Service Revenue	\$18,979,283	Employee Benefits and Taxes	\$3,279,317
Total Gross Patient Service Revenue	\$27,062,451	Depreciation and Amortization	\$783,579
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$10,252,262	Bad Debt	\$1,024,494
Other Deductions	\$0	Other Expenses	\$5,445,174
Total Deductions	\$10,252,262	Total Operating Expenses	\$17,951,666
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,810,189	Net Operating Revenue over Expenses	(\$506,007)
Other Operating Revenue	\$635,470	Net Non-operating Gains over Losses	\$64,983
Total Operating Revenue	\$17,445,659	Total Net Gain over Loss	(\$441,024)

6. Assets and Liabilities	
Total Assets	\$15,775,909
Total Liabilities	\$2,699,655

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,062,879	\$5,879,309	\$6,183,570
Medicaid	\$2,731,121	\$2,548,571	\$182,550
Other State	\$0	\$0	\$0
Local Government	\$151,762	\$45,671	\$106,091
Commercial Insurance	\$12,116,689	\$1,778,711	\$10,337,978
Total	\$27,062,451	\$10,252,262	\$16,810,189

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$14,000	\$0	\$14,000
Educational	\$0	\$11,958	(\$11,958)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	37
Number of Hospital Patients Educated In This Hospital	320
Number of Citizens Exposed to Hospital's Health Education Messages	527

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	(\$160,338)	\$3,870,694	(\$4,031,032)
<b>Community Benefits</b>	\$0	\$2,700	(\$2,700)

For further information on this report, please contact:

**Hospital Representative** Timothy Norris

**Telephone Number** 812/847-2281

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	202	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.3%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.3	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$5,050	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,631	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$315	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.7%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$291,030)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-2.9	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Dukes Memorial Hospital**

Year: 2003 City: Peru Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,384,633	Salaries and Wages	\$13,368,981
Outpatient Patient Service Revenue	\$29,589,326	Employee Benefits and Taxes	\$3,637,015
Total Gross Patient Service Revenue	\$46,973,959	Depreciation and Amortization	\$1,834,847
2. Deductions from Revenue		Interest Expenses	\$381,422
Contractual Allowances	\$19,619,396	Bad Debt	\$2,743,558
Other Deductions	\$0	Other Expenses	\$9,939,073
Total Deductions	\$19,169,396	Total Operating Expenses	\$31,904,896
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$27,804,563	Net Operating Revenue over Expenses	(\$3,577,068)
Other Operating Revenue	\$523,265	Net Non-operating Gains over Losses	(\$260,142)
Total Operating Revenue	\$28,327,828	Total Net Gain over Loss	(\$3,837,210)

6. Assets and Liabilities	
Total Assets	\$29,923,099
Total Liabilities	\$29,923,099

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$17,547,708	\$10,901,386	\$6,646,322
Medicaid	\$4,325,364	\$3,973,997	\$351,367
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$24,483,720	\$3,989,766	\$20,493,954
Total	\$46,979,959	\$19,169,396	\$27,804,563

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$10,157	\$0	\$10,157
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$298,660	(\$298,660)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Norma Poor

**Telephone Number** 765/475-2300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	389	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.9%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	18.4	14.6%
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,482	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,956	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.0%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$900	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.6%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$380,641)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-12.6	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: King's Daughters' Hospital and Health Service**

Year: 2003 City: Madison Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$43,515,064	Salaries and Wages	\$21,816,886
Outpatient Patient Service Revenue	\$68,812,392	Employee Benefits and Taxes	\$5,995,671
Total Gross Patient Service Revenue	\$112,327,456	Depreciation and Amortization	\$2,732,376
<b>2. Deductions from Revenue</b>		Interest Expenses	\$438,088
Contractual Allowances	\$48,305,713	Bad Debt	\$4,946,527
Other Deductions	\$928,163	Other Expenses	\$16,358,621
Total Deductions	\$49,233,876	Total Operating Expenses	\$52,288,169
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$63,093,580	Net Operating Revenue over Expenses	\$11,302,744
Other Operating Revenue	\$497,333	Net Non-operating Gains over Losses	\$2,456,861
		Total Net Gain over Loss	\$13,759,605

Total Operating Revenue	\$63,590,913
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6. Assets and Liabilities	
Total Assets	\$85,940,174
Total Liabilities	\$85,940,174

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$50,471,620	\$31,992,316	\$18,479,304
Medicaid	\$10,602,348	\$9,430,997	\$1,171,351
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$51,253,488	\$6,882,400	\$44,371,088
Total	\$112,327,456	\$48,305,713	\$64,021,743

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$214,668	(\$214,668)



Educational	\$58,277	\$278,687	(\$220,410)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	11
Number of Hospital Patients Educated In This Hospital	229
Number of Citizens Exposed to Health Education Message	1,623

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Jefferson	<b>Community Served</b>	Jefferson County
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#### **Hospital Mission Statement**

Provide excellence in healthcare through the identification and continuous improvement of services that meets needs and expectations of our patients, physicians, payers, employees, and the communities we serve.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	33	38	22
<b>Charity Care Allocation</b>	(\$763,100)	(\$702,569)	(\$928,163)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Education and Outreach	(\$112,302)
Community Health Screening	(\$28,279)
Donations of Time and Money	(\$214,668)

Patient Education	(\$9,275)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$450,902)
<b>2. Community Health Education</b>	(\$112,302)
<b>3. Community Programs and Services</b>	(\$28,279)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$591,483)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Nadja Boone

Telephone number: 812/265-0128

Web Address Information: [www.kingsdaughtershospital.org](http://www.kingsdaughtershospital.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	846	645
2. % of Salary	Salary Expenses divided by Total Expenses	41.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	44.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,707	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,052	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$611	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	44.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.5%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$450,902)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	17.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Perry County Memorial Hospital**

Year: 2003 City: Tell City Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$12,244,335	Salaries and Wages	\$6,170,900
Outpatient Patient Service Revenue	\$24,367,432	Employee Benefits and Taxes	\$2,567,591
Total Gross Patient Service Revenue	\$36,611,767	Depreciation and Amortization	\$923,024
2. Deductions from Revenue		Interest Expenses	\$131,676
Contractual Allowances	\$17,429,467	Bad Debt	\$1,708,409
Other Deductions	\$217,550	Other Expenses	\$7,242,425
Total Deductions	\$17,647,017	Total Operating Expenses	\$18,744,025
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$18,964,750	Net Operating Revenue over Expenses	\$446,106
Other Operating Revenue	\$225,381	Net Non-operating Gains over Losses	\$595,788
Total Operating Revenue	\$19,190,131	Total Net Gain over Loss	\$1,041,894

6. Assets and Liabilities	
Total Assets	\$21,715,820
Total Liabilities	\$21,715,820

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$17,619,538	\$12,310,708	\$5,308,830
Medicaid	\$3,944,285	\$2,746,569	\$1,197,716
Other State	\$507,463	\$388,962	\$69,222
Local Government	\$212,475	\$142,253	\$69,222
Commercial Insurance	\$14,328,006	\$2,057,525	\$12,270,481
Total	\$36,611,767	\$17,647,017	\$18,964,750

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$5,070	\$0	\$5,070
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	40,113
Number of Citizens Exposed to Hospital's Health Education Messages	3,473

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$94,088	\$103,607	(\$9,519)
<b>Community Benefits</b>	\$0	\$18,677	(\$18,677)

For further information on this report, please contact:

**Hospital Representative** Kathy Clayton

**Telephone Number** 812/547-7011



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	197	238
2. % of Salary	Salary Expenses divided by Total Expenses	32.9%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.9	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,853	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,316	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	66.6%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,165	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	48.1%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.1%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$103,607)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.3	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Bloomington Hospital of Orange County**

Year: 2003 City: Paoli Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$6,322,516	Salaries and Wages	\$8,121,246
Outpatient Patient Service Revenue	\$27,412,487	Employee Benefits and Taxes	\$1,782,202
Total Gross Patient Service Revenue	\$33,735,003	Depreciation and Amortization	\$560,343
<b>2. Deductions from Revenue</b>		Interest Expenses	\$70,094
Contractual Allowances	\$14,886,332	Bad Debt	\$2,788,940
Other Deductions	\$515,439	Other Expenses	\$5,195,693
Total Deductions	\$15,401,771	Total Operating Expenses	\$18,518,518
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$18,333,232	Net Operating Revenue over Expenses	\$423,555
Other Operating Revenue	\$608,841	Net Non-operating Gains over Losses	\$40,946
		Total Net Gain over Loss	\$464,501

Total Operating Revenue	\$18,942,073
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6. Assets and Liabilities	
Total Assets	\$7,283,723
Total Liabilities	\$3,575,808

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,304,385	\$6,702,416	\$6,601,969
Medicaid	\$6,982,388	\$5,939,543	\$1,042,845
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,448,230	\$2,759,812	\$10,688,418
Total	\$33,735,003	\$15,401,771	\$18,333,232

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$14,284	\$14,284	\$0

Educational	\$16,960	\$322,608	(\$305,648)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	301
Number of Hospital Patients Educated In This Hospital	997
Number of Citizens Exposed to Health Education Message	9,700

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Orange	<b>Community Served</b>	Orange and Crawford Countries
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#### **Hospital Mission Statement**

Will take a leadership role in developing and providing appropriate high quality accessible cost effective customer focused health services to improve the health status of those we serve and become of provider of choice or Orange County

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	62	NR	NR
<b>Charity Care Allocation</b>	(\$74,376)	(\$108,862)	(\$212,989)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Programs	(\$25,248)
Worksite Programs	(\$6,312)
School Programs	(\$31,560)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$99,310)
<b>2. Community Health Education</b>	(\$78,042)
<b>3. Community Programs and Services</b>	(\$254,368)
<b>4. Other Unreimbursed Costs</b>	(\$21,733)
<b>5. Total Costs of Providing Community Benefits</b>	(\$453,453)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Judy Detweiler

Telephone number: 812/723-7445

Web Address Information: WWW.BHOC.ORG

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	163	238
2. % of Salary	Salary Expenses divided by Total Expenses	43.9%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	6.6	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,059	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,729	\$8,869



7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	81.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,034	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	15.1%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$99,310)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.2	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Memorial Hospital of Logansport**

Year: 2003 City: Logansport Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$37,580,801	Salaries and Wages	\$17,760,943
Outpatient Patient Service Revenue	\$55,023,331	Employee Benefits and Taxes	\$5,094,960
Total Gross Patient Service Revenue	\$92,604,132	Depreciation and Amortization	\$2,648,774
2. Deductions from Revenue		Interest Expenses	\$460,832
Contractual Allowances	\$47,587,361	Bad Debt	\$3,042,271
Other Deductions	\$203,991	Other Expenses	\$12,968,911
Total Deductions	\$47,791,352	Total Operating Expenses	\$12,968,911
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$44,812,780	Net Operating Revenue over Expenses	\$3,843,109
Other Operating Revenue	\$796,020	Net Non-operating Gains over Losses	\$211,056
Total Operating Revenue	\$45,608,800	Total Net Gain over Loss	\$3,843,165

6. Assets and Liabilities	
Total Assets	\$49,146,060
Total Liabilities	\$49,416,060

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$39,027,529	\$27,579,387	\$11,448,142
Medicaid	\$9,309,976	\$7,923,934	\$1,366,142
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$44,266,627	\$72,084,140	\$32,182,487
Total	\$92,604,132	\$47,587,361	\$45,016,771

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$244,873	(\$244,873)
Educational	\$0	\$34,229	(\$34,229)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	108
Number of Hospital Patients Educated In This Hospital	75,415
Number of Citizens Exposed to Hospital's Health Education Messages	14,868

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$9,332,206	\$14,729,789	(\$5,397,563)
<b>Community Benefits</b>	\$18,606	\$34,173	(\$15,567)

For further information on this report, please contact:

**Hospital Representative** Sherri Gehlausen

**Telephone Number** 574/753-1502

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	486	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,491	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,403	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,122	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.2%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$654,832)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Community Hospital of East**

Year: 2003 City: Indianapolis Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$202,531,644	Salaries and Wages	\$84,894,332
Outpatient Patient Service Revenue	\$196,601,810	Employee Benefits and Taxes	\$14,614,541
Total Gross Patient Service Revenue	\$399,133,454	Depreciation and Amortization	\$14,813,269
2. Deductions from Revenue		Interest Expenses	\$5,574,096
Contractual Allowances	\$130,042,523	Bad Debt	\$10,903,907
Other Deductions	\$69,316,492	Other Expenses	\$118,708,184
Total Deductions	\$199,359,015	Total Operating Expenses	\$249,508,329
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$199,774,429	Net Operating Revenue over Expenses	(\$22,939,771)
Other Operating Revenue	\$26,794,119	Net Non-operating Gains over Losses	\$5,679,880
		Total Net Gain over Loss	(\$17,259,891)

Total Operating Revenue	\$226,568,558
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6. Assets and Liabilities	
Total Assets	\$303,263,607
Total Liabilities	\$133,559,720

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$164,740,720	\$107,901,178	\$56,839,542
Medicaid	\$32,469,060	\$23,611,598	\$8,857,462
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$201,923,674	\$67,846,239	\$134,077,435
Total	\$399,133,454	\$199,359,015	\$199,774,439

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$347,282	\$0	\$347,282



Educational	\$3,835,755	\$7,036,380	(\$3,200,625)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	208
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties.
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#### **Hospital Mission Statement**

With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	11,963	12,426	12,717
<b>Charity Care Allocation</b>	(\$3,023,718)	(\$3,143,945)	(\$1,980,151)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$48,799,660)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$1,980,151)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$48,799,660)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$50,779,811)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Dan Hodgins

Telephone number: 317/621-7637

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,411	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	34.0%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	145.1	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.7	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,329	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,061	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	49.3%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,741	\$1,022

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.3%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.4%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,980,151)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-10.1	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Community Hospital of Indiana North**

Year: 2003 City: Indianapolis Peer Group: Satellite

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$158,439,870	Salaries and Wages	\$64,966,902
Outpatient Patient Service Revenue	\$251,544,548	Employee Benefits and Taxes	\$10,299,629
Total Gross Patient Service Revenue	\$409,984,418	Depreciation and Amortization	\$8,041,659
2. Deductions from Revenue		Interest Expenses	\$2,640,688
Contractual Allowances	\$89,934,412	Bad Debt	\$9,755,763
Other Deductions	\$98,655,224	Other Expenses	\$127,440,480
Total Deductions	\$188,589,636	Total Operating Expenses	\$223,145,121
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$221,394,782	Net Operating Revenue over Expenses	\$13,950,225
Other Operating Revenue	\$15,700,564	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$237,095,346	Total Net Gain over Loss	\$13,950,225

6. Assets and Liabilities	
Total Assets	\$179,294,245
Total Liabilities	\$75,121,166

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$96,366,527	\$60,451,896	\$32,914,631
Medicaid	\$20,354,834	\$13,266,496	\$7,088,338
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$296,263,057	\$114,871,244	\$181,391,813
Total	\$409,984,418	\$188,589,636	\$221,394,782

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$40,552,235	\$56,944,687	(\$16,392,452)
<b>Community Benefits</b>	\$40,576,317	\$67,252,699	(\$26,676,382)

For further information on this report, please contact:

**Hospital Representative** Dave Schulte

**Telephone Number** 317/355-4907



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	880	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	29.1%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	201.4	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,325	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,645	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	61.4%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,287	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	22.8%	37.8%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.4%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,857,466)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.9	4.3

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Bluffton Regional Medical Center**

Year: 2003 City: Bluffton Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$31,728,653	Salaries and Wages	\$13,341,440
Outpatient Patient Service Revenue	\$37,543,687	Employee Benefits and Taxes	\$3,656,572
Total Gross Patient Service Revenue	\$69,272,340	Depreciation and Amortization	\$2,483,767
2. Deductions from Revenue		Interest Expenses	\$1,440,704
Contractual Allowances	\$33,568,359	Bad Debt	\$1,256,611
Other Deductions	\$538,084	Other Expenses	\$15,089,950
Total Deductions	\$34,106,443	Total Operating Expenses	\$37,269,044
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,165,897	Net Operating Revenue over Expenses	(\$495,503)
Other Operating Revenue	\$1,607,644	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$36,773,541	Total Net Gain over Loss	(\$495,503)

6. Assets and Liabilities	
Total Assets	\$36,252,736
Total Liabilities	\$40,695,853

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$32,293,631	\$20,164,485	\$12,129,146
Medicaid	\$6,009,918	\$4,395,679	\$1,614,239
Other State	\$0	\$0	\$0
Local Government	\$230,380	\$117,731	\$112,649
Commercial Insurance	\$30,738,411	\$8,890,464	\$21,847,947
Total	\$69,272,340	\$33,568,359	\$35,703,981

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$24,600	(\$24,600)
Educational	\$91,898	\$464,153	(\$372,255)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	130
Number of Hospital Patients Educated In This Hospital	3,195
Number of Citizens Exposed to Hospital's Health Education Messages	0

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$14,113,224	\$20,277,059	(\$6,163,835)
<b>Community Benefits</b>	\$0	\$211,389	(\$211,389)

For further information on this report, please contact:

**Hospital Representative** Carol Chappell

**Telephone Number** 260/824-3210

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	348	645
2. % of Salary	Salary Expenses divided by Total Expenses	35.8%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	35.9	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,288	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,295	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.2%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,134	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.6%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.4%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$8,213)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Joseph Regional Medical Hospital Plymouth**

Year: 2003 City: Plymouth Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$30,622,955	Salaries and Wages	\$11,334,432
Outpatient Patient Service Revenue	\$35,741,499	Employee Benefits and Taxes	\$2,980,359
Total Gross Patient Service Revenue	\$66,364,454	Depreciation and Amortization	\$2,338,970
<b>2. Deductions from Revenue</b>		Interest Expenses	\$470,875
Contractual Allowances	\$29,398,653	Bad Debt	\$2,408,000
Other Deductions	\$1,724,259	Other Expenses	\$14,868,999
Total Deductions	\$31,122,912	Total Operating Expenses	\$34,401,365
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$35,241,542	Net Operating Revenue over Expenses	\$1,228,159
Other Operating Revenue	\$388,253	Net Non-operating Gains over Losses	\$132,028
		Total Net Gain over Loss	\$1,360,187



Total Operating Revenue	\$25,629,795
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6. Assets and Liabilities	
Total Assets	\$33,181,086
Total Liabilities	\$33,181,086

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$28,121,719	\$17,944,021	\$10,177,698
Medicaid	\$5,653,774	\$4,262,306	\$1,391,468
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$32,588,961	\$7,192,326	\$25,396,635
Total	\$66,364,454	\$29,398,653	\$36,965,801

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$76,677	(\$76,677)

Educational	\$0	\$27,148	(\$27,148)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	16,518
Number of Citizens Exposed to Health Education Message	45,000

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marshall	<b>Community Served</b>	Marshall County
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#### Hospital Mission Statement

We serve together in Trinity Health in the spirit of the Gospel to head body, mind, and spirit to improve the health of our communities and to steward the resources entrusted to us.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	NO	Community Plan	NO

Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	NO	Clinic Support	NO	Needs Assessment	NR

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	937	1,004	945
<b>Charity Care Allocation</b>	(\$815,363)	(\$900,574)	(\$876,750)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$300,060)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$876,750)
<b>2. Community Health Education</b>	(\$27,148)
<b>3. Community Programs and Services</b>	(\$300,060)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,203,958)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Breeden

Telephone number: 219/936-3181

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	253	645
2. % of Salary	Salary Expenses divided by Total Expenses	32.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	24.0	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,419	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,333	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	53.9%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$480	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.0%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$876,750)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Jasper County Hospital**

Year: 2003 City: Rensselaer Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$14,838,782	Salaries and Wages	\$11,396,800
Outpatient Patient Service Revenue	\$24,297,611	Employee Benefits and Taxes	\$2,732,404
Total Gross Patient Service Revenue	\$39,136,383	Depreciation and Amortization	\$998,735
2. Deductions from Revenue		Interest Expenses	\$42,592
Contractual Allowances	\$16,075,782	Bad Debt	\$2,640,000
Other Deductions	\$0	Other Expenses	\$6,679,708
Total Deductions	\$16,075,782	Total Operating Expenses	\$24,490,239
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,060,611	Net Operating Revenue over Expenses	(\$367,650)
Other Operating Revenue	\$1,061,978	Net Non-operating Gains over Losses	\$143,878
Total Operating Revenue	\$24,122,589	Total Net Gain over Loss	(\$223,772)

6. Assets and Liabilities	
Total Assets	\$15,368,331
Total Liabilities	\$3,298,911

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,367,839	\$8,265,528	\$10,102,311
Medicaid	\$3,728,932	\$1,976,334	\$1,752,598
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$17,039,622	\$5,833,920	\$11,205,702
Total	\$39,136,393	\$16,075,782	\$23,060,611

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$12,400	\$66,760	(\$54,360)



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 434

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 817

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$4,166,565	\$4,284,462	(\$117,897)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Jeff Webb

**Telephone Number** 219/866-5141

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	330	238
2. % of Salary	Salary Expenses divided by Total Expenses	46.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.3	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,863	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,506	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$676	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.9%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.8%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$59,367)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.5	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Harrison County Hospital**

Year: 2003 City: Corydon Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$15,244,121	Salaries and Wages	\$11,122,854
Outpatient Patient Service Revenue	\$33,232,179	Employee Benefits and Taxes	\$2,617,958
Total Gross Patient Service Revenue	\$48,476,300	Depreciation and Amortization	\$1,679,450
2. Deductions from Revenue		Interest Expenses	\$147,970
Contractual Allowances	\$22,215,103	Bad Debt	\$2,240,112
Other Deductions	\$359,027	Other Expenses	\$6,280,204
Total Deductions	\$22,510,030	Total Operating Expenses	\$24,088,548
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,726,161	Net Operating Revenue over Expenses	\$780,667
Other Operating Revenue	\$1,143,064	Net Non-operating Gains over Losses	(\$114,603)
Total Operating Revenue	\$24,869,225	Total Net Gain over Loss	\$666,074

6. Assets and Liabilities	
Total Assets	\$22,467,034
Total Liabilities	\$6,732,795

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,367,828	\$12,549,049	\$6,818,779
Medicaid	\$4,456,700	\$2,213,954	\$2,242,746
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$24,651,772	\$7,388,003	\$17,263,772
Total	\$48,476,300	\$22,151,003	\$26,325,297

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$935,868	(\$935,868)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Denise Harbeson

**Telephone Number** 812/739-4251

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	300	238
2. % of Salary	Salary Expenses divided by Total Expenses	46.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,708	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,183	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	68.6%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$898	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.0%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.3%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$359,026)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.1	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Deaconess Hospital**

Year: 2003 City: Evansville Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$307,062,107	Salaries and Wages	\$97,326,413
Outpatient Patient Service Revenue	\$217,485,551	Employee Benefits and Taxes	\$26,898,175
Total Gross Patient Service Revenue	\$524,547,658	Depreciation and Amortization	\$14,458,811
2. Deductions from Revenue		Interest Expenses	\$4,114,953
Contractual Allowances	\$264,078,381	Bad Debt	\$17,583,524
Other Deductions	\$6,469,078	Other Expenses	\$88,221,139
Total Deductions	\$270,547,459	Total Operating Expenses	\$248,603,015
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$254,000,199	Net Operating Revenue over Expenses	\$14,568,320
Other Operating Revenue	\$9,171,136	Net Non-operating Gains over Losses	\$4,009,128
		Total Net Gain over Loss	\$18,577,448

Total Operating Revenue	\$263,171,335
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6. Assets and Liabilities	
Total Assets	\$365,722,728
Total Liabilities	\$132,756,293

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$266,908,372	\$178,921,529	\$87,986,843
Medicaid	\$40,369,600	\$29,392,992	\$10,976,608
Other State	\$4,902,109	\$3,380,595	\$1,521,514
Local Government	\$0	\$0	\$0
Commercial Insurance	\$212,367,577	\$52,383,265	\$159,984,312
Total	\$524,547,658	\$264,078,381	\$260,469,277

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$1,175,327	\$1,267,278	(\$91,951)

Educational	\$35,772	\$1,288,464	(\$1,252,692)
Research	\$0	\$5,000	(\$5,000)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	578
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	6,151

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Vanderburgh	<b>Community Served</b>	Residents of Southwest Indiana, southeastern Illinois, and western Kentucky.
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#### **Hospital Mission Statement**

Continue to provide to our patients medical care in a responsible cost effective manner. Provide a positive safe environment for our employees. Provide an environment conducive to the practice of medicine for our medical staff.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	YES	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	2,267	2,733	3,719
<b>Charity Care Allocation</b>	(\$3,151,907)	(\$2,964,073)	(\$2,044,419)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Various Clinics	(\$388,489)
Physician Coverage-Rural Areas	(\$716,101)
Family Practice	(\$1,656,030)

Resource Center	(\$252,680)
Other Programs	(\$261,127)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$3,704,528)
<b>2. Community Health Education</b>	(\$513,987)
<b>3. Community Programs and Services</b>	(\$2,274,427)
<b>4. Other Unreimbursed Costs</b>	(\$87,147)
<b>5. Total Costs of Providing Community Benefits</b>	(\$7,580,089)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Andrew Strausbaugh

Telephone number: 812/450-3762

Web Address Information: [deaconess.com](http://deaconess.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,287	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	39.1%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	204.7	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,499	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$21,203	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	41.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$992	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.9%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.1%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,704,528)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.5	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Hospital and Health Center**

Year: 2003 City: Indianapolis Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$588,579,755	Salaries and Wages	\$231,398,122
Outpatient Patient Service Revenue	\$356,574,958	Employee Benefits and Taxes	\$53,413,078
Total Gross Patient Service Revenue	\$945,154,713	Depreciation and Amortization	\$39,993,625
<b>2. Deductions from Revenue</b>		Interest Expenses	\$7,335,188
Contractual Allowances	\$24,772,456	Bad Debt	\$23,294,742
Other Deductions	\$327,001,443	Other Expenses	\$246,557,342
Total Deductions	\$351,773,899	Total Operating Expenses	\$601,992,097
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$593,380,814	Net Operating Revenue over Expenses	\$22,490,130
Other Operating Revenue	\$31,101,395	Net Non-operating Gains over Losses	\$5,465,200
		Total Net Gain over Loss	\$27,955,330



Total Operating Revenue	\$624,482,209
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6. Assets and Liabilities	
Total Assets	\$768,701,824
Total Liabilities	\$324,286,673

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$325,184,952	\$168,709,100	\$156,475,852
Medicaid	\$70,893,491	\$58,416,824	\$12,476,667
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$549,076,270	\$126,647,975	\$424,428,295
Total	\$945,154,713	\$351,773,899	\$593,380,814

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$764,350	(\$764,350)

Educational	\$3,900,424	\$13,543,100	(\$9,642,676)
Research	\$598,662	\$716,784	(\$118,122)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	130
Number of Hospital Patients Educated In This Hospital	772,726
Number of Citizens Exposed to Health Education Message	1,500,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Marion, Hamilton and surrounding counties.
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#### **Hospital Mission Statement**

To improve the health status of the individuals and the communities we serve, with special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	38,113	1,504,060	439,665
<b>Charity Care Allocation</b>	(\$34,312,975)	(\$39,482,549)	(\$51,772,944)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$1,210,677)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$7,669,923)
<b>2. Community Health Education</b>	(\$600,000)
<b>3. Community Programs and Services</b>	(\$1,210,677)
<b>4. Other Unreimbursed Costs</b>	(\$2,138,883)
<b>5. Total Costs of Providing Community Benefits</b>	(\$11,619,483)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	4,814	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	38.4%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	467.2	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,751	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$19,522	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.7%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,680	\$1,022

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.4%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.9%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$7,669,923)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.6	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: St Vincent Stress Center (Satellite)**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$13,523,813	Salaries and Wages	\$16,924,744
Outpatient Patient Service Revenue	\$17,650,526	Employee Benefits and Taxes	\$3,287,121
Total Gross Patient Service Revenue	\$31,174,339	Depreciation and Amortization	\$608,901
2. Deductions from Revenue		Interest Expenses	\$222,080
Contractual Allowances	\$6,876,548	Bad Debt	\$1,470,626
Other Deductions	\$4,038,880	Other Expenses	\$6,470,626
Total Deductions	\$10,915,428	Total Operating Expenses	\$28,300,725
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$20,258,911	Net Operating Revenue over Expenses	(\$6,420,448)
Other Operating Revenue	\$1,621,366	Net Non-operating Gains over Losses	(\$386,576)
Total Operating Revenue	\$21,880,277	Total Net Gain over Loss	(\$6,807,024)

6. Assets and Liabilities	
Total Assets	(\$11,318,485)
Total Liabilities	\$8,829,372

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$5,411,859	\$4,038,880	\$1,402,979
Medicaid	\$2,359,743	\$1,066,697	\$1,293,046
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$23,372,737	\$5,809,851	\$17,562,886
Total	\$31,174,339	\$10,915,428	\$20,258,911

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$450,000	(\$450,000)



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	115,909
Number of Citizens Exposed to Hospital's Health Education Messages	500,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$5,057,318	\$7,233,588	(\$2,176,270)
<b>Community Benefits</b>	\$0	\$540,072	(\$540,072)

For further information on this report, please contact:

**Hospital Representative**                      Joseph B Ford

**Telephone Number**                              317/415-6042

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	292	109
2. % of Salary	Salary Expenses divided by Total Expenses	59.8%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	39.3	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.7	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,362	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	56.6%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$225	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	17.4%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.2%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$519,163)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-29.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Filed on a voluntary basis by a Government Owned Hospital

**Hospital: Dearborn County Memorial Hospital**

Year: 2003 City: Lawrenceburg Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$40,726,130	Salaries and Wages	\$22,874,316
Outpatient Patient Service Revenue	\$54,133,786	Employee Benefits and Taxes	\$6,526,610
Total Gross Patient Service Revenue	\$94,859,916	Depreciation and Amortization	\$3,560,105
2. Deductions from Revenue		Interest Expenses	\$263,00
Contractual Allowances	\$36,001,229	Bad Debt	\$3,506,158
Other Deductions	\$1,098,987	Other Expenses	\$18,070,608
Total Deductions	\$37,100,216	Total Operating Expenses	\$54,797,797
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$57,759,700	Net Operating Revenue over Expenses	\$4,325,524
Other Operating Revenue	\$1,363,621	Net Non-operating Gains over Losses	\$2,158,866

Total Operating Revenue	\$59,125,321	Total Net Gain over Loss	\$6,484,390
<b>6. Assets and Liabilities</b>			
Total Assets			\$72,578,696
Total Liabilities			\$14,123,663

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$43,178,622	\$22,159,155	\$21,019,490
Medicaid	\$8,202,276	\$2,600,976	\$5,601,300
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$43,478,994	\$12,176,331	\$31,302,663
Total	\$94,859,892	\$36,936,462	\$57,923,453

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	\$112,430	\$30,170	\$82,260
Educational	\$8,630	\$75,815	(\$67,185)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	49
Number of Hospital Patients Educated In This Hospital	41,482
Number of Citizens Exposed to Health Education Message	78,000

**Statement Four**  
**Voluntary Annual Summarized Community Benefit Statement of Hospital**

This hospital has filed an annual community benefit statement with the Department on a voluntary basis. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Dearborn	<b>Community Served</b>	Dearborn County
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**Hospital Mission Statement**

"To provide quality health care services and associated services to residents"

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	NO
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	NR

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$257,739)	(\$550,274)	(\$163,753)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Community Programs	(\$25,975)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each hospital must identify the costs of serving its community

that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$163,753)
2. Community Health Education	(\$61,722)
3. Community Programs and Services	(\$25,957)
4. Other Unreimbursed Costs	(\$32,813)
5. Total Costs of Providing Community Benefits	(\$284,245)

**Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Peter Resnick



Telephone number:

812/537-2897

Web Address Information:

[www.dch.org](http://www.dch.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	582	645
2. % of Salary	Salary Expenses divided by Total Expenses	41.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	43.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$9,223	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,667	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.1%	52.3%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$423	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.5%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.4%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$163,753)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Saint John's Health System**

Year: 2003 City: Anderson Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$80,028,000	Salaries and Wages	\$53,635,000
Outpatient Patient Service Revenue	\$140,585,000	Employee Benefits and Taxes	\$11,951,000
Total Gross Patient Service Revenue	\$220,613,000	Depreciation and Amortization	\$5,974,000
<b>2. Deductions from Revenue</b>		Interest Expenses	\$2,410,000
Contractual Allowances	\$96,083,000	Bad Debt	\$7,113,000
Other Deductions	\$3,665,000	Other Expenses	\$46,439,000
Total Deductions	\$99,748,000	Total Operating Expenses	\$127,522,000
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$120,865,000	Net Operating Revenue over Expenses	(\$1,840,000)
Other Operating Revenue	\$4,817,000	Net Non-operating Gains over Losses	\$67,000
		Total Net Gain over Loss	(\$1,773,000)

Total Operating Revenue	\$125,682,000
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6. Assets and Liabilities	
Total Assets	\$84,362,058
Total Liabilities	\$74,370,572

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$100,155,216	\$52,842,920	\$47,312,296
Medicaid	\$30,250,623	\$20,019,808	\$10,230,815
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$90,207,161	\$26,885,272	\$63,321,889
Total	\$220,613,000	\$99,748,000	\$120,865,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$397,404	\$305,892	\$91,512

Educational	\$0	\$162,545	(\$162,545)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	2,779
Number of Hospital Patients Educated In This Hospital	1,333
Number of Citizens Exposed to Health Education Message	76,440

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Madison	<b>Community Served</b>	Madison County
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#### **Hospital Mission Statement**

Saint John's serves all persons with special attention to those who are poor and vulnerable.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	6,683	6,903	7,072
<b>Charity Care Allocation</b>	(\$5,842,133)	(\$6,719,443)	(\$8,411,771)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Donations to community organizations	(\$128,287)
Children's Clinic	(\$97,671)
Tumor Registry	(\$80,269)
Prescriptions for the indigent	(\$41,927)

Other	(\$286,932)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$200,331)
<b>2. Community Health Education</b>	(\$100,966)
<b>3. Community Programs and Services</b>	(\$388,497)
<b>4. Other Unreimbursed Costs</b>	(\$222,933)
<b>5. Total Costs of Providing Community Benefits</b>	(\$912,727)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Nick Theohares

Telephone number: 765/646-8303

Web Address Information: [www.stjohnshealthsystem.org](http://www.stjohnshealthsystem.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,292	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.1%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	106.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,721	\$4,378



6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,162	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.7%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$910	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.6%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$200,331)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.5	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Ball Memorial Hospital**

Year: 2003 City: Muncie Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$244,903,016	Salaries and Wages	\$86,596,246
Outpatient Patient Service Revenue	\$210,807,439	Employee Benefits and Taxes	\$22,585,242
Total Gross Patient Service Revenue	\$455,710,455	Depreciation and Amortization	\$16,383,820
2. Deductions from Revenue		Interest Expenses	\$1,331,880
Contractual Allowances	\$215,233,160	Bad Debt	\$12,490,633
Other Deductions	\$3,788,983	Other Expenses	\$64,948,443
Total Deductions	\$219,022,143	Total Operating Expenses	\$204,336,264
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$232,681,932	Net Operating Revenue over Expenses	\$32,352,048
Other Operating Revenue	\$4,006,380	Net Non-operating Gains over Losses	(\$22,564,951)
Total Operating Revenue	\$236,688,312	Total Net Gain over Loss	\$9,787,097

**6. Assets and Liabilities**

Total Assets	\$277,807,194
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Total Liabilities	\$277,807,194
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**Statement Two: Contractual Allowances**

Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$231,500,911	\$138,218,073	\$93,282,838
Medicaid	\$40,558,231	\$34,298,825	\$6,259,406
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$183,651,313	\$42,716,262	\$133,139,688
Total	\$455,710,455	\$215,233,160	\$232,681,932

**Statement Three: Unique Specialized Hospital Funds**

Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$132,500	(\$132,500)

Educational	\$73,204	\$5,462,018	(\$5,388,814)
Research	\$61,785	\$313,387	(\$251,602)

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	16,382
Number of Hospital Patients Educated In This Hospital	800
Number of Citizens Exposed to Health Education Message	163,249

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Delaware	<b>Community Served</b>	Delaware County
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#### Hospital Mission Statement

A nonprofit teaching hospital dedicated to improving the health of the people and communities we serve.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1999

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	8,199	8,498	6,984
<b>Charity Care Allocation</b>	(\$4,529,098)	(\$5,098,730)	(\$7,236,912)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Health Fairs	(\$22,222)
Parenting Education	(\$44,488)
Cancer Education	(\$41,455)
Community Support Groups	(\$21,280)

All other charities	(\$5,739,128)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$9,446,137)
<b>2. Community Health Education</b>	(\$606,159)
<b>3. Community Programs and Services</b>	(\$5,739,128)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$15,791,424)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Kim Walker

Telephone number: 765/741-1074

Web Address Information: [www.cardinalhealthsystem.org](http://www.cardinalhealthsystem.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,096	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	42.4%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	227.4	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,107	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,675	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	46.3%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,244	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.8%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$9,446,137)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	13.7	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Margaret Mercy Healthcare Center South**

Year: 2003 City: Dyer Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$97,828,544	Salaries and Wages	\$37,720,662
Outpatient Patient Service Revenue	\$71,829,755	Employee Benefits and Taxes	\$11,021,205
Total Gross Patient Service Revenue	\$169,658,299	Depreciation and Amortization	\$6,986,846
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,892,455
Contractual Allowances	\$79,123,176	Bad Debt	\$2,242,910
Other Deductions	\$4,241,032	Other Expenses	\$28,519,013
Total Deductions	\$83,364,208	Total Operating Expenses	\$88,383,091
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$86,294,091	Net Operating Revenue over Expenses	\$550,018
Other Operating Revenue	\$2,639,017	Net Non-operating Gains over Losses	\$177,546
		Total Net Gain over Loss	\$727,564

Total Operating Revenue	\$88,933,108
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6. Assets and Liabilities	
Total Assets	\$69,953,616
Total Liabilities	\$14,866,881

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$66,273,708	\$42,630,478	\$23,643,230
Medicaid	\$13,682,237	\$9,982,610	\$3,699,627
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$89,702,354	\$30,751,130	\$58,951,234
Total	\$169,658,299	\$83,364,208	\$86,294,091

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$21,000	\$11,263	\$9,737

Educational	\$2,195	\$485,234	(\$483,039)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	842
Number of Hospital Patients Educated In This Hospital	162,522
Number of Citizens Exposed to Health Education Message	487,269

**Statement Four**  
**Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Lake County
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**Hospital Mission Statement**

Respect life; promote the dignity and wholeness of all those we serve, and responding to community needs within the limits of our resources through the provision of a comprehensive range of quality health care services.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	4,436	NR	NR
<b>Charity Care Allocation</b>	(\$10,522,201)	(\$5,499,980)	(\$2,209,356)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$557,441)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$2,209,356)
2. Community Health Education	(\$337,486)
3. Community Programs and Services	(\$557,441)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$3,104,283)

**Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:                      Richard Machna

Telephone number:

219/932-2300

Web Address Information:

[www.smmhc.com](http://www.smmhc.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	842	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	77.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$3,473	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,010	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.3%	52.3%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,444	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.5%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,209,356)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.6	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Parkview Huntington Hospital**

Year: 2003 City: Huntington Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$16,133,935	Salaries and Wages	\$11,045,829
Outpatient Patient Service Revenue	\$36,391,224	Employee Benefits and Taxes	\$2,813,673
Total Gross Patient Service Revenue	\$52,525,159	Depreciation and Amortization	\$774,156
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$19,573,824	Bad Debt	\$3,285,992
Other Deductions	\$0	Other Expenses	\$12,059,014
Total Deductions	\$19,573,824	Total Operating Expenses	\$29,978,664
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$32,951,334	Net Operating Revenue over Expenses	\$4,068,895
Other Operating Revenue	\$1,096,225	Net Non-operating Gains over Losses	\$12,840
Total Operating Revenue	\$34,047,559	Total Net Gain over Loss	\$4,081,735
		6. Assets and Liabilities	



Total Assets	\$11,661,982
Total Liabilities	\$11,661,982

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,340,986	\$11,826,967	\$6,514,019
Medicaid	\$7,828,887	\$4,173,081	\$3,655,806
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$26,355,286	\$3,573,776	\$22,781,509
Total	\$52,525,159	\$19,573,824	\$32,951,334

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$33,603	\$220,098	(\$186,495)

Research	\$0	\$0	\$0
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<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	42,482
Number of Citizens Exposed to Health Education Message	19,364

**Statement Four**  
**Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Huntington	<b>Community Served</b>	Huntington County
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**Hospital Mission Statement**

Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES

Community Education	YES	Clinic Support	NO	Needs Assessment	2001
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## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	466	368	708
<b>Charity Care Allocation</b>	(\$311,151)	(\$179,922)	(\$274,804)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Automated External Defibrillators	(\$65,145)
Athletic Training Services for HNHS	(\$50,605)
Kid's Kampus Nurse	(\$48,520)
American Red Cross Disaster Vehicle	(\$21,000)
All other Community Benefits	(\$126,279)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$563,931)
<b>2. Community Health Education</b>	(\$186,495)
<b>3. Community Programs and Services</b>	(\$311,549)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,061,975)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Darlene Garrett

Telephone number: 260/355-3000

Web Address Information: [www.parkview.com](http://www.parkview.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	258	645
2. % of Salary	Salary Expenses divided by Total Expenses	36.8%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.7	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,544	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,390	\$11,927

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$829	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	11.0%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$563,931)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	12.0	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Rush Memorial Hospital**

Year: 2003 City: Rushville Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,405,400	Salaries and Wages	\$5,127,961
Outpatient Patient Service Revenue	\$17,163,928	Employee Benefits and Taxes	\$1,564,303
Total Gross Patient Service Revenue	\$22,569,328	Depreciation and Amortization	\$671,501
2. Deductions from Revenue		Interest Expenses	\$22,585
Contractual Allowances	\$8,474,486	Bad Debt	\$1,294,091
Other Deductions	\$0	Other Expenses	\$5,404,072
Total Deductions	\$8,474,486	Total Operating Expenses	\$14,084,513
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$14,094,842	Net Operating Revenue over Expenses	\$630,250
Other Operating Revenue	\$619,921	Net Non-operating Gains over Losses	(\$247,064)
Total Operating Revenue	\$14,714,763	Total Net Gain over Loss	\$383,186

6. Assets and Liabilities	
Total Assets	\$10,896,178
Total Liabilities	\$1,516,950

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,330,124	\$4,172,481	\$6,157,643
Medicaid	\$1,929,299	\$1,470,998	\$458,301
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,309,905	\$2,836,007	\$7,478,898
Total	\$28,569,328	\$8,474,486	\$14,094,842

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**

Brad Smith

**Telephone Number**

765/932/7513

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	156	238
2. % of Salary	Salary Expenses divided by Total Expenses	36.4%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	11.0	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,804	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$4,700	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	76.0%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$614	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	9.2%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.3	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Mercy Hospital**

Year: 2003 City: Elwood Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,693,417	Salaries and Wages	\$9,713,026
Outpatient Patient Service Revenue	\$23,818,513	Employee Benefits and Taxes	\$2,131,678
Total Gross Patient Service Revenue	\$31,511,930	Depreciation and Amortization	\$808,483
2. Deductions from Revenue		Interest Expenses	\$326,742
Contractual Allowances	\$9,211,347	Bad Debt	\$1,664,875
Other Deductions	\$340,380	Other Expenses	\$7,333,545
Total Deductions	\$9,551,727	Total Operating Expenses	\$21,978,349
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$21,960,203	Net Operating Revenue over Expenses	\$337,812
Other Operating Revenue	\$355,958	Net Non-operating Gains over Losses	(\$677,727)
		Total Net Gain over Loss	(\$339,915)

Total Operating Revenue	\$22,316,161
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6. Assets and Liabilities	
Total Assets	\$21,854,902
Total Liabilities	\$21,854,902

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$12,010,707	\$3,558,207	\$8,452,500
Medicaid	\$3,274,049	\$2,850,025	\$424,024
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,227,174	\$3,143,495	\$13,083,679
Total	\$31,511,930	\$9,551,727	\$21,960,203

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Madison	<b>Community Served</b>	Madison County
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#### Hospital Mission Statement

To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	44,368	139,367	66,547
<b>Charity Care Allocation</b>	(\$999,922)	(\$1,486,201)	(\$1,961,645)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Incentives	(\$14,012)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$394,368)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$14,012)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$408,380)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	221	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.2%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	12.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,064	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,780	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	75.6%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$801	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.1%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.6%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$394,368)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.5	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Pulaski Memorial Hospital**

Year: 2003 City: Winamac Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$5,770,489	Salaries and Wages	\$6,724,926
Outpatient Patient Service Revenue	\$15,532,400	Employee Benefits and Taxes	\$2,277,386
Total Gross Patient Service Revenue	\$21,302,889	Depreciation and Amortization	\$906,048
2. Deductions from Revenue		Interest Expenses	\$70,652
Contractual Allowances	\$6,128,161	Bad Debt	\$658,140
Other Deductions	\$40,176	Other Expenses	\$5,475,525
Total Deductions	\$6,168,337	Total Operating Expenses	\$116,112,677
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$15,134,552	Net Operating Revenue over Expenses	\$79,264
Other Operating Revenue	\$1,057,389	Net Non-operating Gains over Losses	\$35,991
Total Operating Revenue	\$16,191,941	Total Net Gain over Loss	\$115,255

6. Assets and Liabilities	
Total Assets	\$12,591,293
Total Liabilities	\$2,657,763

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,623,247	\$3,638,865	\$6,984,382
Medicaid	\$1,805,529	\$1,320,617	\$484,912
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$8,874,113	\$1,166,679	\$7,705,434
Total	\$21,302,889	\$6,128,161	\$15,174,728

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$2,287	\$0	\$2,287
Educational	\$0	\$121,810	(\$121,810)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$7,798,969	\$9,431,017	(\$1,632,048)
<b>Community Benefits</b>	\$17,082	\$20,017	(\$2,935)

For further information on this report, please contact:

**Hospital Representative** Rana Berkshire

**Telephone Number** 574/946-2166

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	184	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.7%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	6.6	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,764	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,071	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	72.9%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$775	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	49.9%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.1%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$30,388)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Lagrange Community Hospital**

Year: 2003 City: Lagrange Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$10,664,972	Salaries and Wages	\$6,966,761
Outpatient Patient Service Revenue	\$14,947,122	Employee Benefits and Taxes	\$1,351,677
Total Gross Patient Service Revenue	\$25,612,094	Depreciation and Amortization	\$511,581
2. Deductions from Revenue		Interest Expenses	\$10,200
Contractual Allowances	\$9,263,433	Bad Debt	\$924,349
Other Deductions	\$0	Other Expenses	\$5,980,669
Total Deductions	\$9,263,433	Total Operating Expenses	\$15,745,237
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,348,661	Net Operating Revenue over Expenses	\$603,424
Other Operating Revenue	\$0	Net Non-operating Gains over Losses	\$347,458
Total Operating Revenue	\$16,346,661	Total Net Gain over Loss	\$950,458



6. Assets and Liabilities	
Total Assets	\$7,143,607
Total Liabilities	\$591,903

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,630,338	\$5,147,283	\$4,483,055
Medicaid	\$1,192,526	\$1,459,920	\$452,606
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,612,230	\$2,656,230	\$11,413,000
Total	\$25,612,094	\$9,263,433	\$16,348,861

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$4,945,661	\$7,203,862	(\$2,258,201)
<b>Community Benefits</b>	\$0	\$78,224	(\$78,224)

For further information on this report, please contact:

**Hospital Representative** Greg Berg

**Telephone Number** 260/463-3190

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	182	238
2. % of Salary	Salary Expenses divided by Total Expenses	44.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.9	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,436	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,023	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	58.4%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$659	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	37.6%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.9%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$37,286)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.7	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Major Hospital**

Year: 2003 City: Shelbyville Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$25,165,686	Salaries and Wages	\$19,058,678
Outpatient Patient Service Revenue	\$47,013,036	Employee Benefits and Taxes	\$4,879,787
Total Gross Patient Service Revenue	\$72,128,722	Depreciation and Amortization	\$2,719,401
2. Deductions from Revenue		Interest Expenses	\$268,563
Contractual Allowances	\$23,984,513	Bad Debt	\$3,032,324
Other Deductions	\$978,817	Other Expenses	\$15,102,720
Total Deductions	\$24,963,330	Total Operating Expenses	\$45,061,473
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$47,215,392	Net Operating Revenue over Expenses	\$4,485,895
Other Operating Revenue	\$2,331,976	Net Non-operating Gains over Losses	\$1,370,270
Total Operating Revenue	\$49,547,368	Total Net Gain over Loss	\$5,856,165

6. Assets and Liabilities	
Total Assets	\$89,169,907
Total Liabilities	\$89,169,907

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$29,943,527	\$16,470,609	\$13,472,918
Medicaid	\$8,988,819	\$4,693,436	\$4,295,383
Other State	\$0	\$0	\$0
Local Government	\$530,985	\$287,089	\$243,906
Commercial Insurance	\$32,715,381	\$2,533,379	\$30,182,022
Total	\$72,178,722	\$23,984,513	\$48,194,209

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$16,345	\$109,188	(\$91,843)
Educational	\$7,556	\$147,031	(\$139,475)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	3,500
Number of Citizens Exposed to Hospital's Health Education Messages	15,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$14,746,342	\$24,785,285	(\$10,038,943)
<b>Community Benefits</b>	\$0	\$9,101	(\$9,101)

For further information on this report, please contact:

**Hospital Representative**      Anthony Lennen

**Telephone Number**      317/392-3211

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	435	645
2. % of Salary	Salary Expenses divided by Total Expenses	42.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.5	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,167	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,669	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.2%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,188	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.5%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.7%	5.5%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$978,817)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.1	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Washington County Memorial Hospital**

Year: 2003 City: Salem Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,198,643	Salaries and Wages	\$7,105,856
Outpatient Patient Service Revenue	\$25,009,138	Employee Benefits and Taxes	\$1,136,350
Total Gross Patient Service Revenue	\$32,207,781	Depreciation and Amortization	\$1,083,719
2. Deductions from Revenue		Interest Expenses	\$144,181
Contractual Allowances	\$148,754,624	Bad Debt	\$1,546,551
Other Deductions	\$107,000	Other Expenses	\$6,502,272
Total Deductions	\$14,861,624	Total Operating Expenses	\$17,518,929
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,346,157	Net Operating Revenue over Expenses	\$1,381,554
Other Operating Revenue	\$1,554,326	Net Non-operating Gains over Losses	\$288,848
Total Operating Revenue	\$18,900,483	Total Net Gain over Loss	\$1,670,402

6. Assets and Liabilities	
Total Assets	\$20,051,469
Total Liabilities	\$20,051,469

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,767,347	\$7,284,000	\$6,483,347
Medicaid	\$4,566,844	\$3,714,000	\$852,844
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,873,590	\$3,756,624	\$10,116,966
Total	\$32,207,781	\$14,754,624	\$17,453,157

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$288,848	\$0	\$288,848
Educational	\$1,430	\$26,842	(\$25,412)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 2,106

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$430,461	\$1,973,590	(\$1,543,129)
<b>Community Benefits</b>	\$0	\$26,842	(\$26,842)

For further information on this report, please contact:

**Hospital Representative** Gracia Winsett

**Telephone Number** 812/883/5881

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	192	238
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,279	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,179	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	77.6%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$803	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.8%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$58,390)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Mary's Medical Center of Evansville**

Year: 2003 City: Evansville Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$297,851,437	Salaries and Wages	\$105,081,623
Outpatient Patient Service Revenue	\$157,718,354	Employee Benefits and Taxes	\$25,477,661
Total Gross Patient Service Revenue	\$455,569,791	Depreciation and Amortization	\$17,617,346
2. Deductions from Revenue		Interest Expenses	\$5,473,596
Contractual Allowances	\$182,237,707	Bad Debt	\$14,225,672
Other Deductions	\$10,731,534	Other Expenses	\$91,233,598
Total Deductions	\$192,969,241	Total Operating Expenses	\$259,109,496
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$262,600,550	Net Operating Revenue over Expenses	\$15,501,147
Other Operating Revenue	\$11,010,093	Net Non-operating Gains over Losses	(\$15,200,193)
		Total Net Gain over Loss	(\$699,046)

Total Operating Revenue	\$273,610,643
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6. Assets and Liabilities	
Total Assets	\$345,140,879
Total Liabilities	\$188,829,666

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$193,823,315	\$110,243,315	\$83,580,000
Medicaid	\$31,253,241	\$24,137,976	\$7,115,265
Other State	\$7,103,824	\$5,486,533	\$1,617,291
Local Government	\$0	\$0	\$0
Commercial Insurance	\$223,389,411	\$42,369,883	\$181,019,528
Total	\$455,569,791	\$182,237,707	\$273,332,084

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$710,959	\$0	\$710,959



Educational	\$174,539	\$2,423,384	(\$628,845)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	20
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Vanderburgh	<b>Community Served</b>	Vanderburgh and surrounding counties.
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#### Hospital Mission Statement

Respect, quality service, simplicity, advocacy, for the poor, and inventiveness to infinity.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	5,195	6,284	9,423
<b>Charity Care Allocation</b>	(\$4,272,832)	(\$4,640,890)	(\$5,032,115)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Mobile Outreach Clinic	(\$263,244)
Joshua Academy	(\$37,500)
IVY Tech Foundation	(\$25,000)
Catholic High School	(\$20,000)

Evansville Christian Life Center	(\$5,000)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$5,032,115)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$1,824,977)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$6,857,092)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care

Mission Health Med Exp	(\$155,232)
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**For further information on these initiatives, contact:**

Hospital Representative: Carol Meese

Telephone number: 812/485-4000

Web Address Information: [www.stmarys.org](http://www.stmarys.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,481	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	262.8	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	5.1

5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,812	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,479	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	34.6%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$871	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.5%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.5%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$5,032,115)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.7	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Parkview Whitley Hospital**

Year: 2003 City: Columbia City Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$20,320,816	Salaries and Wages	\$13,727,501
Outpatient Patient Service Revenue	\$28,516,306	Employee Benefits and Taxes	\$3,469,588
Total Gross Patient Service Revenue	\$48,837,122	Depreciation and Amortization	\$1,864,361
2. Deductions from Revenue		Interest Expenses	\$109
Contractual Allowances	\$17,737,632	Bad Debt	\$1,873,834
Other Deductions	\$363,398	Other Expenses	\$9,547,799
Total Deductions	\$18,101,030	Total Operating Expenses	\$30,483,192
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$30,736,092	Net Operating Revenue over Expenses	\$2,068,940
Other Operating Revenue	\$1,816,040	Net Non-operating Gains over Losses	\$467,255
Total Operating Revenue	\$32,552,132	Total Net Gain over Loss	\$2,536,195

<b>6. Assets and Liabilities</b>	
Total Assets	\$32,926,625
Total Liabilities	\$2,791,145

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$20,021,102	\$12,230,314	\$7,790,788
Medicaid	\$4,050,331	\$2,860,757	\$1,189,574
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$24,765,689	\$2,646,561	\$22,119,128
Total	\$48,837,122	\$17,737,632	\$31,099,490

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$0	\$249,070	(\$249,070)

Educational	\$1,060	\$178,594	(\$177,534)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	13
Number of Hospital Patients Educated In This Hospital	20,371
Number of Citizens Exposed to Health Education Message	27,837

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Whitley	<b>Community Served</b>	Whitley County
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#### Hospital Mission Statement

Parkview Health System will provide quality health services to all who entrust their care to us and we will work to improve the health of our communities.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2003

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	241	292	535
<b>Charity Care Allocation</b>	(\$193,044)	(\$125,331)	(\$199,360)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Automated External Defibrillator Initiative	(\$36,824)
Bed and Britches, Etc. (BABE) Program	(\$35,000)
Heartbeats Festive Health Fair	(\$5,961)
Student Internship Programs	(\$123,780)

All Other Activities	(\$238,605)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$199,360)
<b>2. Community Health Education</b>	(\$171,239)
<b>3. Community Programs and Services</b>	(\$12,066)
<b>4. Other Unreimbursed Costs</b>	(\$1,500)
<b>5. Total Costs of Providing Community Benefits</b>	(\$384,165)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Jill McAllister

Telephone number: 260/248-9000

Web Address Information: [www.parkview.com](http://www.parkview.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	244	645
2. % of Salary	Salary Expenses divided by Total Expenses	45.0%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,732	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,809	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	58.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$613	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.0%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$199,360)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.4	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Starke Memorial Hospital**

Year: 2003 City: Knox Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$20,840,382	Salaries and Wages	\$7,721,757
Outpatient Patient Service Revenue	\$30,152,455	Employee Benefits and Taxes	\$1,387,384
Total Gross Patient Service Revenue	\$50,992,837	Depreciation and Amortization	\$861,918
2. Deductions from Revenue		Interest Expenses	\$48,995
Contractual Allowances	\$26,485,098	Bad Debt	\$1,433,097
Other Deductions	\$1,051,169	Other Expenses	\$7,572,629
Total Deductions	\$27,536,267	Total Operating Expenses	\$19,025,780
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$23,456,570	Net Operating Revenue over Expenses	\$4,589,054
Other Operating Revenue	\$158,264	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$23,614,834	Total Net Gain over Loss	\$4,589,054

6. Assets and Liabilities	
Total Assets	\$12,593,470
Total Liabilities	\$12,593,470

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,055,997	\$15,445,899	\$7,610,098
Medicaid	\$8,415,352	\$5,972,825	\$2,442,532
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$19,521,482	\$5,066,374	\$14,455,108
Total	\$50,992,837	\$26,485,098	\$24,507,739

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$30,999	(\$30,999)
Educational	\$0	\$95,818	(\$95,818)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	4,500
Number of Citizens Exposed to Hospital's Health Education Messages	35,000

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$10,324,416	\$12,660,162	(\$2,335,746)
<b>Community Benefits</b>	\$0	\$100,442	(\$100,442)

For further information on this report, please contact:

**Hospital Representative**      Becky Dearforff

**Telephone Number**              574/772/1101

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	183	238
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.2	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,377	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$14,770	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	59.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,224	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$852,610)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	19.4	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Williamsport Hospital**

Year: 2003 City: Williamsport Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$6,135,060	Salaries and Wages	\$5,459,137
Outpatient Patient Service Revenue	\$12,610,657	Employee Benefits and Taxes	\$1,098,264
Total Gross Patient Service Revenue	\$18,745,717	Depreciation and Amortization	\$408,220
<b>2. Deductions from Revenue</b>		Interest Expenses	\$183,298
Contractual Allowances	\$6,162,390	Bad Debt	\$1,377,218
Other Deductions	\$209,251	Other Expenses	\$3,674,841
Total Deductions	\$6,371,641	Total Operating Expenses	\$12,200,978
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$12,374,076	Net Operating Revenue over Expenses	\$503,051
Other Operating Revenue	\$329,953	Net Non-operating Gains over Losses	(\$229,919)
		Total Net Gain over Loss	\$273,132

Total Operating Revenue	\$12,704,029
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6. Assets and Liabilities	
Total Assets	\$9,464,675
Total Liabilities	\$9,464,675

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$7,856,869	\$3,571,744	\$4,285,125
Medicaid	\$1,727,127	\$1,295,544	\$431,583
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$9,161,721	\$1,295,102	\$7,866,619
Total	\$18,745,717	\$6,162,390	\$12,583,327

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$900	\$0	\$900

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Montgomery	<b>Community Served</b>	Benton, Fountain, and Warren counties.
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#### Hospital Mission Statement

To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	743	700	523
<b>Charity Care Allocation</b>	(\$371,621)	(\$300,283)	(\$209,251)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All initiatives	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$177,863)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$5,129)
<b>4. Other Unreimbursed Costs</b>	(\$3,000)
<b>5. Total Costs of Providing Community Benefits</b>	(\$185,992)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Corry Cole

Telephone number: 765/762-4003

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	132	238
2. % of Salary	Salary Expenses divided by Total Expenses	44.7%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.5	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.1	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$23,943	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,260	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	67.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$315	\$765

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.9%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	11.3%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$177,863)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.0	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Filed on a voluntary basis by a Government Owned Hospital

**Hospital: Witham Health Services**

Year: 2003 City: Lebanon Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$20,116,744	Salaries and Wages	\$16,712,110
Outpatient Patient Service Revenue	\$57,884,130	Employee Benefits and Taxes	\$4,693,037
Total Gross Patient Service Revenue	\$78,000,784	Depreciation and Amortization	\$2,890,238
<b>2. Deductions from Revenue</b>		Interest Expenses	\$2,358,830
Contractual Allowances	\$32,217,948	Bad Debt	\$3,782,238
Other Deductions	\$754,310	Other Expenses	\$14,400,476
Total Deductions	\$32,972,258	Total Operating Expenses	\$44,837,516
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$42,025,616	Net Operating Revenue over Expenses	\$1,060,074
Other Operating Revenue	\$868,974	Net Non-operating Gains over Losses	(\$4,094,307)

Total Operating Revenue	\$45,897,590	Total Net Gain over Loss	(\$3,034,233)
<b>6. Assets and Liabilities</b>			
Total Assets			\$67,844,274
Total Liabilities			\$67,844,274

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$31,566,990	\$19,276,990	\$12,289,463
Medicaid	\$5,846,217	\$4,990,958	\$855,259
Other State	\$0	\$0	\$0
Local Government	\$1,779,715	\$788,648	\$991,067
Commercial Insurance	\$38,808,489	\$7,161,352	\$31,647,137
Total	\$78,000,874	\$32,217,948	\$45,782,926

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	\$0	\$0	\$0
Educational	\$24,660	\$89,859	(\$71,204)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	110
Number of Hospital Patients Educated In This Hospital	231
Number of Citizens Exposed to Health Education Message	11,325

**Statement Four**  
**Voluntary Annual Summarized Community Benefit Statement of Hospital**

This hospital has filed an annual community benefit statement with the Department on a voluntary basis. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Boone	<b>Community Served</b>	Boone County
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**Hospital Mission Statement**

"Delivering care, saving lives, and healing"

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	NO
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	NR

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	572	703	255
<b>Charity Care Allocation</b>	(\$390,590)	(\$474,444)	(\$489,685)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Healthy Heart Day	(\$1,038)
Day of Discovery	(\$900)
Relay for Life	(\$1,000)
School Sports Physical	(\$2,400)

Battered Women's Shelter	(\$6,188)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$489,685)
<b>2. Community Health Education</b>	(\$3,002)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$492,687)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care

Boone Community Bldg	(\$55,913)
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**For further information on these initiatives, contact:**

Hospital Representative: Raymond Ingham

Telephone number: 765/485-8110

Web Address Information: [www.witham.org](http://www.witham.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	360	238
2. % of Salary	Salary Expenses divided by Total Expenses	37.3%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	23.1	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	3.6

5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$13,946	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,253	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	74.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$3,057	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.5%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.4%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$489,685)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.3	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Wabash County Hospital**

Year: 2003 City: Wabash Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$15,106,201	Salaries and Wages	\$10,518,154
Outpatient Patient Service Revenue	\$34,397,584	Employee Benefits and Taxes	\$3,635,585
Total Gross Patient Service Revenue	\$49,503,786	Depreciation and Amortization	\$1,256,345
2. Deductions from Revenue		Interest Expenses	\$75,287
Contractual Allowances	\$20,271,794	Bad Debt	\$1,613,610
Other Deductions	\$107,072	Other Expenses	\$9,482,403
Total Deductions	\$20,378,866	Total Operating Expenses	\$26,581,384
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$29,124,919	Net Operating Revenue over Expenses	\$3,427,289
Other Operating Revenue	\$833,754	Net Non-operating Gains over Losses	(\$72,189)
Total Operating Revenue	\$30,008,673	Total Net Gain over Loss	\$3,355,100



6. Assets and Liabilities	
Total Assets	\$21,576,964
Total Liabilities	\$3,862,600

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$24,930,107	\$13,644,954	\$11,285,153
Medicaid	\$4,291,978	\$3,821,584	\$470,394
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$20,281,701	\$3,153,350	\$17,128,351
Total	\$49,503,786	\$20,619,888	\$28,883,898

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$212,707	\$189,921	\$22,786
Educational	\$0	\$100,000	(\$100,000)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	2,500
Number of Citizens Exposed to Hospital's Health Education Messages	25,000

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$12,096,306	\$12,838,924	(\$742,618)
<b>Community Benefits</b>	\$0	\$315,295	(\$315,295)

For further information on this report, please contact:

**Hospital Representative** Todd Topliff

**Telephone Number** 260/563/3131

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	282	645
2. % of Salary	Salary Expenses divided by Total Expenses	39.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.1	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,602	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,512	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.5%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$681	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	50.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.1%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$46,898)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.4	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Adams County Memorial Hospital**

Year: 2003 City: Decatur Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$23,482,568	Salaries and Wages	\$11,684,888
Outpatient Patient Service Revenue	\$31,772,736	Employee Benefits and Taxes	\$4,498,462
Total Gross Patient Service Revenue	\$55,255,304	Depreciation and Amortization	\$981,307
2. Deductions from Revenue		Interest Expenses	\$46,969
Contractual Allowances	\$23,094,147	Bad Debt	\$3,229,151
Other Deductions	\$0	Other Expenses	\$9,826,903
Total Deductions	\$23,094,147	Total Operating Expenses	\$30,267,680
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$32,161,157	Net Operating Revenue over Expenses	\$2,429,380
Other Operating Revenue	\$535,903	Net Non-operating Gains over Losses	\$58,221
Total Operating Revenue	\$32,697,060	Total Net Gain over Loss	\$2,487,601

6. Assets and Liabilities	
Total Assets	\$33,060,661
Total Liabilities	\$7,393,061

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$28,428,842	\$17,320,239	\$11,108,603
Medicaid	\$2,747,356	\$1,205,080	\$1,542,276
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$24,079,106	\$4,568,828	\$19,510,278
Total	\$55,255,304	\$23,094,147	\$32,161,157

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$21,076	\$0	\$21,076
Educational	\$31,869	\$270,000	(\$238,131)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	1,000
Number of Hospital Patients Educated In This Hospital	4,000
Number of Citizens Exposed to Hospital's Health Education Messages	50,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$90,000	\$4,464,112	(\$4,374,112)
<b>Community Benefits</b>	\$10,000	\$140,000	(\$130,000)

For further information on this report, please contact:

**Hospital Representative** William G. Seck

**Telephone Number** 260/724-2145

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	380	238
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	22.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.0	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,986	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,225	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.5%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$504	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.4%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	10.7%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$162,000)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.4	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Lafayette Home Hospital**

Year: 2003 City: Lafayette Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$127,358,492	Salaries and Wages	\$48,679,303
Outpatient Patient Service Revenue	\$94,221,701	Employee Benefits and Taxes	\$7,829,233
Total Gross Patient Service Revenue	\$221,580,193	Depreciation and Amortization	\$6,471,729
2. Deductions from Revenue		Interest Expenses	\$1,333,918
Contractual Allowances	\$57,312,185	Bad Debt	\$4,399,022
Other Deductions	\$40,529,263	Other Expenses	\$43,537,884
Total Deductions	\$97,841,448	Total Operating Expenses	\$112,251,089
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$123,738,745	Net Operating Revenue over Expenses	\$14,694,060
Other Operating Revenue	\$3,206,404	Net Non-operating Gains over Losses	\$5,749,545
		Total Net Gain over Loss	\$20,439,605

Total Operating Revenue	\$126,945,149
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6. Assets and Liabilities	
Total Assets	\$85,340,364
Total Liabilities	\$20,103,162

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$69,505,040	\$41,143,904	\$28,361,136
Medicaid	\$24,740,026	\$14,926,592	\$9,813,434
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$127,335,127	\$41,770,952	\$85,564,175
Total	\$221,580,193	\$97,841,448	\$123,738,745

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$61,778	(\$61,778)

Educational	\$104,578	\$1,413,143	(\$1,308,565)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	151
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	18,770

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Tippecanoe	<b>Community Served</b>	Tippecanoe and seven contiguous counties of Benton, Carroll, Clinton, Fountain, Montgomery Warren and White Counties.
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#### **Hospital Mission Statement**

Greater Lafayette Health Services board of directors, medical staff and employees are committed to offerings superior services, quality, and clinical excellence. Are committed to the physical, mental, and spiritual well being of those we serve.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	1,106	915	2,171
<b>Charity Care Allocation</b>	(\$1,373,965)	(\$1,068,344)	(\$2,628,941)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Community Education	(\$887,940)
Donations	(\$61,778)
Unreimbursed cost under government programs	(\$13,287,848)

Other Unreimbursed Costs	(\$2,174,166)
Other Community Services	(\$711,491)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,628,941)
<b>2. Community Health Education</b>	(\$887,940)
<b>3. Community Programs and Services</b>	(\$290,866)
<b>4. Other Unreimbursed Costs</b>	(\$2,174,166)
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,981,913)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Theresa Janssen

Telephone number: 765/449-5129

Web Address Information: [www.glhsi.org](http://www.glhsi.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,148	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	43.4%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	125.7	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,224	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,568	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	42.5%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,004	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	31.4%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.9%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,628,941)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.6	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Community Hospital of Bremen**

Year: 2003 City: Bremen Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$2,521,218	Salaries and Wages	\$3,199,159
Outpatient Patient Service Revenue	\$7,554,689	Employee Benefits and Taxes	\$624,981
Total Gross Patient Service Revenue	\$10,075,907	Depreciation and Amortization	\$258,554
<b>2. Deductions from Revenue</b>		Interest Expenses	\$48,648
Contractual Allowances	\$2,769,885	Bad Debt	\$220,288
Other Deductions	\$87,746	Other Expenses	\$2,863,125
Total Deductions	\$2,857,631	Total Operating Expenses	\$7,214,755
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$7,218,276	Net Operating Revenue over Expenses	\$135,480
Other Operating Revenue	\$131,959	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$7,350,235	Total Net Gain over Loss	\$135,480

6. Assets and Liabilities	
Total Assets	\$4,207,772
Total Liabilities	\$4,207,772

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$4,571,597	\$1,404,848	\$3,166,752
Medicaid	\$469,708	\$378,456	\$91,252
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,034,602	\$1,074,330	\$3,960,272
Total	\$10,075,907	\$2,857,631	\$7,218,276

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$4,585	\$455,890	(\$451,305)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	105
Number of Hospital Patients Educated In This Hospital	40,327
Number of Citizens Exposed to Health Education Message	8,000

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marshall	<b>Community Served</b>	Rural population in Marshall County and southwest Elkhart County
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#### Hospital Mission Statement

To provide progressive family-oriented health care in an atmosphere of Christian love and concern to all regardless of age, sex, race, religion, handicapping conditions, diagnosis, or financial status.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	82	92	NR
<b>Charity Care Allocation</b>	(\$148,015)	(\$103,533)	(\$65,169)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$136,035)

## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$65,169)
<b>2. Community Health Education</b>	(\$64,415)
<b>3. Community Programs and Services</b>	(\$136,035)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$265,619)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Scott Graybill

Telephone number: 574/546-2211

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	89	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	2.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,745	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,043	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	75.0%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$184	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.1%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$65,169)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Woodlawn Hospital**

Year: 2003 City: Rochester Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$9,216,614	Salaries and Wages	\$9,522,444
Outpatient Patient Service Revenue	\$21,843,105	Employee Benefits and Taxes	\$2,282,955
Total Gross Patient Service Revenue	\$31,059,719	Depreciation and Amortization	\$1,251,609
2. Deductions from Revenue		Interest Expenses	\$217,371
Contractual Allowances	\$8,268,970	Bad Debt	\$1,365,400
Other Deductions	\$130,343	Other Expenses	\$8,425,710
Total Deductions	\$8,399,313	Total Operating Expenses	\$23,065,489
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$22,660,406	Net Operating Revenue over Expenses	\$596,416
Other Operating Revenue	\$1,001,499	Net Non-operating Gains over Losses	\$168,942
Total Operating Revenue	\$23,661,905	Total Net Gain over Loss	\$765,358



6. Assets and Liabilities	
Total Assets	\$1,712,460
Total Liabilities	\$17,124,650

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,067,030	\$4,579,444	\$8,487,586
Medicaid	\$3,473,922	\$2,127,766	\$1,346,156
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,518,767	\$1,692,103	\$12,826,664
Total	\$31,059,719	\$8,399,313	\$22,660,406

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$6,016,712	\$16,540,952	(\$10,524,240)
<b>Community Benefits</b>	\$0	\$97,707	(\$97,707)

For further information on this report, please contact:

**Hospital Representative** James O’Keefe

**Telephone Number** 574/224/1127

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	218	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.3%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.6	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.4	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,879	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,056	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	70.3%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$790	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.1	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.9%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$97,707)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.5	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Columbus Regional Hospital**

Year: 2003 City: Hartford City Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$124,448,745	Salaries and Wages	\$58,671,158
Outpatient Patient Service Revenue	\$114,787,030	Employee Benefits and Taxes	\$15,649,075
Total Gross Patient Service Revenue	\$239,235,775	Depreciation and Amortization	\$13,752,516
2. Deductions from Revenue		Interest Expenses	\$3,798,187
Contractual Allowances	\$84,861,124	Bad Debt	\$6,794,822
Other Deductions	\$3,584,917	Other Expenses	\$46,681,438
Total Deductions	\$88,446,040	Total Operating Expenses	\$145,347,196
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$150,789,735	Net Operating Revenue over Expenses	\$8,884,645
Other Operating Revenue	\$3,442,106	Net Non-operating Gains over Losses	\$2,511,288
Total Operating Revenue	\$154,231,841	Total Net Gain over Loss	\$11,395,933

6. Assets and Liabilities	
Total Assets	\$209,587,328
Total Liabilities	\$101,925,736

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$108,182,153	\$59,615,587	\$48,566,566
Medicaid	\$22,129,783	\$13,496,456	\$8,633,327
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$108,923,839	\$15,333,997	\$93,589,842
Total	\$239,235,775	\$88,446,040	\$150,789,735

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$108,113	\$665,821	(\$557,708)
Educational	\$101,600	\$854,913	(753,313)

Research	\$0	\$2,500	(\$2,500)
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	227
Number of Hospital Patients Educated In This Hospital	1,646
Number of Citizens Exposed to Hospital's Health Education Messages	100,000

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$58,870,578	\$78,246,114	(\$19,375,536)
<b>Community Benefits</b>	\$0	\$754,066	(\$754,066)

For further information on this report, please contact:

**Hospital Representative**      Catherine Simmons

**Telephone Number**              812/379-4441

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,415	645
2. % of Salary	Salary Expenses divided by Total Expenses	40.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	114.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,742	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,672	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	48.0%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$959	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.2%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.7%	5.5%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,313,348)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.8	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Community Hospital of Anderson**

Year: 2003 City: Anderson Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$57,691,016	Salaries and Wages	\$36,066,446
Outpatient Patient Service Revenue	\$101,911,039	Employee Benefits and Taxes	\$6,486,075
Total Gross Patient Service Revenue	\$159,602,055	Depreciation and Amortization	\$5,660,747
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,936,086
Contractual Allowances	\$50,170,599	Bad Debt	\$3,251,160
Other Deductions	\$27,730,418	Other Expenses	\$29,508,553
Total Deductions	\$77,901,017	Total Operating Expenses	\$82,909,067
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$81,701,038	Net Operating Revenue over Expenses	\$2,711,071
Other Operating Revenue	\$3,919,100	Net Non-operating Gains over Losses	\$1,262,701
Total Operating Revenue	\$85,620,138	Total Net Gain over Loss	\$3,973,772

<b>6. Assets and Liabilities</b>	
Total Assets	\$89,357,665
Total Liabilities	\$38,343,883

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$64,831,571	\$38,372,000	\$26,459,571
Medicaid	\$15,721,640	\$11,798,599	\$3,923,041
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$79,048,844	\$27,723,246	\$51,325,598
Total	\$159,602,055	\$77,893,845	\$81,708,210

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$356,912	\$160,745	\$196,167

Educational	\$15,871	\$21,132	(\$5,261)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Madison	<b>Community Served</b>	Madison County
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#### Hospital Mission Statement

Community Hospital is dedicated to the well being of the community, and to providing the highest quality medical care at the lowest care.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	803	857	1,108
<b>Charity Care Allocation</b>	(\$1,606,161)	(\$1,810,924)	(\$1,816,865)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
School Health Clinics	(\$151,333)
Family Practice and Maternity Clinics	(\$181,829)
Health Promotion Services	(\$214,496)

## Summary of Unreimbursed Costs of Charity Care, Government

## Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$1,899,687)
2. Community Health Education	(\$5,261)
3. Community Programs and Services	(\$547,658)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$2,452,606)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: William C. Vanness, MD

Telephone number: 765/298-5120

Web Address Information: [www.ecommunity.com](http://www.ecommunity.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	855	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	43.5%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	53.1	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,540	\$3,042
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,823	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	63.9%	40.9%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$665	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.6%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.9%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,899,687)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.2	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Memorial Hospital and Health Care Center**

Year: 2003 City: Jasper Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$49,989,008	Salaries and Wages	\$33,000,640
Outpatient Patient Service Revenue	\$59,527,825	Employee Benefits and Taxes	\$6,564,287
Total Gross Patient Service Revenue	\$109,516,833	Depreciation and Amortization	\$4,039,567
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,028,368
Contractual Allowances	\$36,340,696	Bad Debt	\$1,850,400
Other Deductions	\$1,035,055	Other Expenses	\$21,661,963
Total Deductions	\$37,375,751	Total Operating Expenses	\$68,145,225
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$72,141,082	Net Operating Revenue over Expenses	\$4,666,214
Other Operating Revenue	\$670,357	Net Non-operating Gains over Losses	(\$825,985)
		Total Net Gain over Loss	\$3,840,229

Total Operating Revenue	\$72,811,439
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6. Assets and Liabilities	
Total Assets	\$131,069,483
Total Liabilities	\$131,069,483

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$46,931,548	\$25,554,025	\$21,377,523
Medicaid	\$7,086,947	\$3,917,806	\$3,169,141
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$55,498,338	\$6,868,865	\$48,629,473
Total	\$109,516,833	\$36,340,696	\$73,176,137

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$132,208	\$346,925	\$214,717
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	128,367
Number of Citizens Exposed to Health Education Message	150,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Debois	<b>Community Served</b>	Debois Countty
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#### **Hospital Mission Statement**

We will be for others. We will pledge ourselves to care for each individual in a manner that reflects the physical, psychological and spiritual healing ministry of Jesus Christ. We will work together to create an atmosphere of mutual respect, dignity.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	78,367	79,110	86,035
<b>Charity Care Allocation</b>	(\$690,138)	(\$836,701)	(\$654,258)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Family Palliative Care	(\$87,032)
Community Education	(\$124,211)
MD Recruitment Expenses	(\$157,575)

All Other Expenses	(\$611,014)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$554,912)
<b>2. Community Health Education</b>	(\$124,205)
<b>3. Community Programs and Services</b>	(\$741,024)
<b>4. Other Unreimbursed Costs</b>	(\$86,387)
<b>5. Total Costs of Providing Community Benefits</b>	(\$1,506,528)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: E Kyle Bennett CFO

Telephone number: 812/482-0507

Web Address Information: [www.mhhcc.org](http://www.mhhcc.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	775	645
2. % of Salary	Salary Expenses divided by Total Expenses	48.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	54.3	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.6	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,536	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,967	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.4%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$511	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.7%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$554,912)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.4	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Margaret Mary Community Hospital**

Year: 2003 City: Batesville Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$18,253,502	Salaries and Wages	\$15,018,789
Outpatient Patient Service Revenue	\$31,711,980	Employee Benefits and Taxes	\$4,352,188
Total Gross Patient Service Revenue	\$50,965,482	Depreciation and Amortization	\$2,908,162
2. Deductions from Revenue		Interest Expenses	\$76,162
Contractual Allowances	\$15,298,056	Bad Debt	\$769,208
Other Deductions	\$594,758	Other Expenses	\$10,625,361
Total Deductions	\$15,892,814	Total Operating Expenses	\$33,749,870
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$35,072,668	Net Operating Revenue over Expenses	\$1,897,275
Other Operating Revenue	\$574,477	Net Non-operating Gains over Losses	\$1,374,137
Total Operating Revenue	\$35,647,145	Total Net Gain over Loss	\$3,271,412



<b>6. Assets and Liabilities</b>	
Total Assets	\$47,648,544
Total Liabilities	\$7,183,930

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$19,366,883	\$10,562,257	\$8,804,626
Medicaid	\$3,567,584	\$2,209,776	\$15,357,808
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$28,031,015	\$2,526,023	\$25,504,992
Total	\$50,965,482	\$15,298,056	\$35,667,426

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$26,370	\$55,287	(\$28,917)

Educational	\$16,093	\$262,892	(\$237,799)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	289
Number of Hospital Patients Educated In This Hospital	2,170
Number of Citizens Exposed to Health Education Message	56,555

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Ripley	<b>Community Served</b>	Serving Dearborn, Franklin, and Ripley Counties.
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#### Hospital Mission Statement

To provide quality, customer sensitive, cost-effective, appropriate health care for benefit of the residents of service area without regard to race, disability, color, religion, national origin, and gender.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	324	518	426
<b>Charity Care Allocation</b>	(\$324,850)	(\$194,119)	(\$261,460)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Osgood Primary Care	(\$140,255)
Partnership to Advance Tomorrow's Health	(\$86,877)
Speaking of Women's Health	(\$28,341)
Immunization for Children	(\$30,026)

Cholesterol Screenings	(\$45,030)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$273,941)
<b>2. Community Health Education</b>	(\$80,711)
<b>3. Community Programs and Services</b>	(\$638,294)
<b>4. Other Unreimbursed Costs</b>	(\$1,232)
<b>5. Total Costs of Providing Community Benefits</b>	(\$994,178)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Geralyn Litzinger

Telephone number: 812/934-6624

Web Address Information: [www.mmch.org](http://www.mmch.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	311	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.5%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	17.8	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,423	\$4,378

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,412	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.2%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$634	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	38.0%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$273,941)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.3	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Bedford Regional Medical Center**

Year: 2003 City: Bedford Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$24,518,074	Salaries and Wages	\$16,355,082
Outpatient Patient Service Revenue	\$55,119,716	Employee Benefits and Taxes	\$4,862,836
Total Gross Patient Service Revenue	\$79,637,790	Depreciation and Amortization	\$1,856,182
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,363,536
Contractual Allowances	\$41,888,298	Bad Debt	\$3,028,406
Other Deductions	\$755,628	Other Expenses	\$11,359,383
Total Deductions	\$42,643,926	Total Operating Expenses	\$38,825,425
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$36,993,864	Net Operating Revenue over Expenses	(\$1,661,819)
Other Operating Revenue	\$169,742	Net Non-operating Gains over Losses	\$36,428
Total Operating Revenue	\$37,163,606	Total Net Gain over Loss	(\$1,625,391)

6. Assets and Liabilities	
Total Assets	\$25,993,566
Total Liabilities	\$25,993,566

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$31,850,336	\$23,005,733	\$8,844,603
Medicaid	\$7,912,790	\$7,063,039	\$849,751
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$39,874,664	\$11,819,526	\$28,055,138
Total	\$79,637,790	\$41,888,298	\$37,749,492

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0



Educational	\$1,085	\$44,659	(\$43,574)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	140
Number of Hospital Patients Educated In This Hospital	1,600
Number of Citizens Exposed to Health Education Message	6,919

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lawrence	<b>Community Served</b>	Lawrence County
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#### Hospital Mission Statement

To advance the health of our communities through an integrated healthcare delivery system.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1998

## Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
<b>Persons served in last twelve months</b>	28	55	52
<b>Charity Care Allocation</b>	(\$443,676)	(\$580,632)	(\$755,628)

## Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Flu Shots	(\$1,150)
Community Ambulance Coverage	(\$7,785)
Sports Physicals	(\$2,500)
Diabetes Management	(\$4,680)

All other programs	(\$14,953)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$359,315)
<b>2. Community Health Education</b>	(\$11,315)
<b>3. Community Programs and Services</b>	(\$31,068)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$401,698)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:   Bradford W. Dykes

Telephone number:           812/278-5281

Web Address Information: [www.brmchealthcare.com](http://www.brmchealthcare.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	394	238
2. % of Salary	Salary Expenses divided by Total Expenses	42.1%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	22.7	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.9	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$9,140	\$4,004

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$8,534	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,162	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.0%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$359,315)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-4.5	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Community Hospital of Munster**

Year: 2003 City: Munster Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$272,234,115	Salaries and Wages	\$102,498,575
Outpatient Patient Service Revenue	\$184,423,806	Employee Benefits and Taxes	\$25,877,594
Total Gross Patient Service Revenue	\$456,657,921	Depreciation and Amortization	\$16,517,165
2. Deductions from Revenue		Interest Expenses	\$455,305
Contractual Allowances	\$216,643,991	Bad Debt	\$8,959,799
Other Deductions	\$1,156,891	Other Expenses	\$81,191,539
Total Deductions	\$217,800,883	Total Operating Expenses	\$235,499,977
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$238,857,038	Net Operating Revenue over Expenses	\$10,763,838
Other Operating Revenue	\$7,406,778	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$10,763,838

Total Operating Revenue	\$246,263,815
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6. Assets and Liabilities	
Total Assets	\$192,753,416
Total Liabilities	\$36,755,680

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$212,701,982	\$122,768,659	\$89,933,323
Medicaid	\$25,060,208	\$18,136,808	\$6,923,400
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$128,894,730	\$75,738,524	\$143,157,206
Total	\$456,657,920	\$216,643,991	\$240,013,929

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$95,228	(\$95,228)

Educational	\$112,870	\$1,693,247	(\$1,580,337)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	5,001
Number of Hospital Patients Educated In This Hospital	3,354
Number of Citizens Exposed to Health Education Message	108,198

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Lake County
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#### **Hospital Mission Statement**

The Community Hospital is dedicated to the well being of the community and to providing the highest quality medical care at the lowest possible cost.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	317	628	663
<b>Charity Care Allocation</b>	(\$906,122)	(\$963,014)	(\$1,073,919)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Cancer Program	(\$46,486)
Heart Disease Program	(\$32,756)
Health and Wellness	(\$328,581)
Maternal and Child Care	(\$38,479)

Other Programs	(\$565,198)
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## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,082,449)
<b>2. Community Health Education</b>	(\$283,713)
<b>3. Community Programs and Services</b>	(\$149,573)
<b>4. Other Unreimbursed Costs</b>	(\$122,813)
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,638,548)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: John C. Gorski

Telephone number: 219/836-1600

Web Address Information: [www.comhs.org/community](http://www.comhs.org/community)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	2,249	2,212
2. % of Salary	Salary Expenses divided by Total Expenses	43.5%	37.8%
3. Average Daily Census	Patient Days divided by annual days (365 days)	279.3	237.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.6	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,383	\$3,042

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,256	\$17,323
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.4%	40.9%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$821	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.6%	37.8%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.8%	4.9%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,082,449)	(\$10,021,313)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.4	4.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Anthony Medical of Crown Point**

Year: 2003 City: Crown Point Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$114,912,359	Salaries and Wages	\$43,407,197
Outpatient Patient Service Revenue	\$108,491,273	Employee Benefits and Taxes	\$13,580,236
Total Gross Patient Service Revenue	\$223,403,632	Depreciation and Amortization	\$8,629,087
2. Deductions from Revenue		Interest Expenses	\$3,039,907
Contractual Allowances	\$105,351,327	Bad Debt	\$2,129,993
Other Deductions	\$4,786,995	Other Expenses	\$45,586,251
Total Deductions	\$110,138,322	Total Operating Expenses	\$116,372,671
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$113,265,310	Net Operating Revenue over Expenses	\$5,805,008
Other Operating Revenue	\$8,912,369	Net Non-operating Gains over Losses	\$218,132
		Total Net Gain over Loss	\$6,023,140

Total Operating Revenue	\$122,177,679
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6. Assets and Liabilities	
Total Assets	\$163,278,461
Total Liabilities	\$21,295,415

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$104,703,846	\$62,797,286	\$41,906,560
Medicaid	\$7,186,296	\$5,440,128	\$1,746,168
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$111,513,490	\$41,900,908	\$69,612,582
Total	\$223,403,632	\$110,138,322	\$113,268,310

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$512,666	\$27,565	\$485,101

Educational	\$138,260	\$196,050	(\$57,790)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	5,611
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	9,154

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Northwest Indiana
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#### **Hospital Mission Statement**

Provide a healing environment where those with health needs are cared for with respect, compassionate concern, joyful service, Christian stewardship, and a recognition of our mortality.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$5,307,454)	(\$4,328,517)	(\$4,442,096)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
St. Clair Clinic	(\$549,215)
Prenatal Assistance	(\$35,775)
Senior Programs	(\$5,100)
Other	(\$19,045)



## Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$4,442,096)
<b>2. Community Health Education</b>	(\$13,310)
<b>3. Community Programs and Services</b>	(\$218,636)
<b>4. Other Unreimbursed Costs</b>	(\$431,149)
<b>5. Total Costs of Providing Community Benefits</b>	(\$5,105,191)

### Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Sr. M. Aline Shultz

Telephone number: 219/757-6102

Web Address Information: [www.stanthonymedicalcenter.com](http://www.stanthonymedicalcenter.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	1,028	645
2. % of Salary	Salary Expenses divided by Total Expenses	37.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	110.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,561	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,912	\$11,927

7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	48.6%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$968	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.8%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$4,442,096)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.8	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Jennings Hospital**

Year: 2003 City: North Vernon Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$3,357,229	Salaries and Wages	\$6,367,348
Outpatient Patient Service Revenue	\$20,999,782	Employee Benefits and Taxes	\$1,938,578
Total Gross Patient Service Revenue	\$24,357,011	Depreciation and Amortization	\$924,237
<b>2. Deductions from Revenue</b>		Interest Expenses	\$1,046
Contractual Allowances	\$6,020,993	Bad Debt	\$1,439,345
Other Deductions	\$1,006,695	Other Expenses	\$6,249,329
Total Deductions	\$7,027,688	Total Operating Expenses	\$16,919,883
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$17,329,323	Net Operating Revenue over Expenses	\$454,563
Other Operating Revenue	\$45,123	Net Non-operating Gains over Losses	\$154,389
		Total Net Gain over Loss	\$608,952

Total Operating Revenue	\$17,374,446
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6. Assets and Liabilities	
Total Assets	\$19,751,403
Total Liabilities	\$19,307,757

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$7,780,921	\$3,104,146	\$4,676,775
Medicaid	\$1,963,351	\$1,482,834	\$480,517
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$14,612,739	\$2,440,708	\$12,172,031
Total	\$24,357,011	\$7,027,688	\$17,329,323

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Jennings	<b>Community Served</b>	Jennings County
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#### Hospital Mission Statement

To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1999

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	3,000	33,351	38,903
<b>Charity Care Allocation</b>	(\$564,170)	(\$1,023,689)	(\$1,488,148)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$699,312)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$699,312)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Kathy Rugh

Telephone number: 317/338-7000



**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	196	238
2. % of Salary	Salary Expenses divided by Total Expenses	37.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	2.6	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$6,544	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$13,217	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	86.2%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$711	\$765

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	31.9%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.5%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$699,312)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.6	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Community Hospital of Indiana South**

Year: 2003 City: Indianapolis Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$76,723,497	Salaries and Wages	\$20,784,694
Outpatient Patient Service Revenue	\$94,774,048	Employee Benefits and Taxes	\$3,432,578
Total Gross Patient Service Revenue	\$171,497,545	Depreciation and Amortization	\$3,616,233
2. Deductions from Revenue		Interest Expenses	\$979,636
Contractual Allowances	\$51,293,017	Bad Debt	\$5,158,387
Other Deductions	\$31,243,364	Other Expenses	\$47,675,460
Total Deductions	\$82,536,381	Total Operating Expenses	\$81,946,988
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$88,961,164	Net Operating Revenue over Expenses	\$8,656,964
Other Operating Revenue	\$1,342,788	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$90,303,952	Total Net Gain over Loss	\$8,656,964

<b>6. Assets and Liabilities</b>	
Total Assets	\$80,199,900
Total Liabilities	\$32,909,259

<b>Statement Two: Contractual Allowances</b>			
<b>Revenue Source</b>	<b>Gross Patient Revenue</b>	<b>Contractual Allowances</b>	<b>Net Patient Service Revenue</b>
Medicare	\$68,383,959	\$44,551,959	\$23,831,708
Medicaid	\$8,477,858	\$6,405,022	\$2,072,836
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$94,636,020	\$31,579,400	\$63,056,620
Total	\$171,497,545	\$82,536,381	\$88,961,164

<b>Statement Three: Unique Specialized Hospital Funds</b>			
<b>Fund Category</b>	<b>Estimated Incoming Revenue from Others</b>	<b>Estimated Outgoing Expenses to Others</b>	<b>Net Dollar Gain or Loss after Adjustment</b>
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Marion, Hamilton, Hancock, Johnson, Shelby, and Morgan Counties.
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#### Hospital Mission Statement

With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	11,963	12,426	12,717
<b>Charity Care Allocation</b>	(\$3,023,853)	(\$343,945)	(\$827,125)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$1,973,507)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$827,125)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$1,973,507)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,800,632)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Dan Hodgins

Telephone number: 317/621-7637

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	410	645
2. % of Salary	Salary Expenses divided by Total Expenses	25.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	62.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,022	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,990	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,526	\$847



9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$827,125)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.6	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Westview Hospital**

Year: 2003 City: Indianapolis Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$17,196,685	Salaries and Wages	\$15,889,994
Outpatient Patient Service Revenue	\$38,250,317	Employee Benefits and Taxes	\$3,589,596
Total Gross Patient Service Revenue	\$55,447,002	Depreciation and Amortization	\$2,525,689
2. Deductions from Revenue		Interest Expenses	\$304,829
Contractual Allowances	\$22,171,790	Bad Debt	\$1,243,997
Other Deductions	\$1,339,324	Other Expenses	\$14,083,289
Total Deductions	\$23,511,114	Total Operating Expenses	\$37,637,394
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$31,935,888	Net Operating Revenue over Expenses	(\$579,252)
Other Operating Revenue	\$5,122,254	Net Non-operating Gains over Losses	\$1,446,648
		Total Net Gain over Loss	\$867,396

Total Operating Revenue	\$37,058,142
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6. Assets and Liabilities	
Total Assets	\$41,933,679
Total Liabilities	\$15,420,983

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,379,170	\$13,090,310	\$7,288,860
Medicaid	\$2,349,163	\$2,175,847	\$173,316
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$32,718,669	\$6,905,633	\$25,813,036
Total	\$55,447,002	\$22,171,709	\$33,275,212

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$16,446	\$5,000	\$11,446

Educational	\$139,157	\$293,673	(\$154,516)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	4
Number of Hospital Patients Educated In This Hospital	210
Number of Citizens Exposed to Health Education Message	361

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Marion County
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#### **Hospital Mission Statement**

Provide quality healthcare to the central Indiana community with facilities and support for osteopathic physicians.

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	NO	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	355	629	781
<b>Charity Care Allocation</b>	(\$200,646)	(\$287,281)	(\$356,738)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Clinic Operation	(\$1,211,163)
Emergency Room	(\$90,688)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$590,738)
<b>2. Community Health Education</b>	(\$24,896)
<b>3. Community Programs and Services</b>	(\$1,301,851)
<b>4. Other Unreimbursed Costs</b>	(\$778,449)
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,695,934)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Jerry Marks

Telephone number: 317/920-7288

Web Address Information: [www.westviewhospital.org](http://www.westviewhospital.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	287	238
2. % of Salary	Salary Expenses divided by Total Expenses	42.2%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	22.1	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.6	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,350	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,860	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	69.0%	66.0%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$830	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	36.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$590,738)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-1.6	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.



## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Mary's Warrick Hospital**

Year: 2003 City: Boonville Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$6,851,790	Salaries and Wages	\$6,405,178
Outpatient Patient Service Revenue	\$11,277,706	Employee Benefits and Taxes	\$1,286,597
Total Gross Patient Service Revenue	\$18,129,496	Depreciation and Amortization	\$1,097,796
<b>2. Deductions from Revenue</b>		Interest Expenses	\$193,700
Contractual Allowances	\$4,814,638	Bad Debt	\$921,235
Other Deductions	\$368,266	Other Expenses	\$3,547,520
Total Deductions	\$5,182,904	Total Operating Expenses	\$13,452,026
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$12,946,592	Net Operating Revenue over Expenses	\$104,081
Other Operating Revenue	\$609,366	Net Non-operating Gains over Losses	(\$147,705)
		Total Net Gain over Loss	(\$43,624)

Total Operating Revenue	\$13,556,107
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6. Assets and Liabilities	
Total Assets	\$14,382,107
Total Liabilities	\$14,382,107

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$9,759,274	\$3,366,125	\$6,393,149
Medicaid	\$1,443,224	\$980,548	\$462,676
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$6,926,998	\$836,231	\$6,090,767
Total	\$18,129,496	\$5,182,904	\$12,946,592

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$4,725	\$4,700	\$25

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Warrick`	<b>Community Served</b>	Pike, Spencer and Warrick counties.
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#### Hospital Mission Statement

To enhance the ministry of healing by adhering to the core values of Respect, Quality, Service, Simplicity, Advocacy for the poor, and inventiveness to infinity.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2002

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	689	513	299
<b>Charity Care Allocation</b>	(\$254,718)	(\$245,186)	(\$149,824)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Woman, Infant and Children (WIC) Program	(\$8,478)
Various Community Contributions	(\$7,869)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$149,824)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	(\$8,478)
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$158,302)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:

Stephen Cassidy

Telephone number:

812/897-7134

Web Address Information:

[www.stmarys.org](http://www.stmarys.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	176	238
2. % of Salary	Salary Expenses divided by Total Expenses	47.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.2	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,497	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$5,753	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	62.2%	66.0%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$462	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	53.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$149,824)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.8	3.2

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Kosciusko Community Hospital**

Year: 2003 City: Warsaw Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$40,596,733	Salaries and Wages	\$17,654,524
Outpatient Patient Service Revenue	\$77,773,328	Employee Benefits and Taxes	\$4,698,963
Total Gross Patient Service Revenue	\$118,370,061	Depreciation and Amortization	\$2,413,246
2. Deductions from Revenue		Interest Expenses	\$3,669,797
Contractual Allowances	\$45,499,069	Bad Debt	\$3,981,554
Other Deductions	\$2,171,194	Other Expenses	\$1,541,477
Total Deductions	\$47,670,263	Total Operating Expenses	\$45,744,820
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$70,699,798	Net Operating Revenue over Expenses	\$17,184,897
Other Operating Revenue	\$774,571	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$71,474,369	Total Net Gain over Loss	\$17,184,897



6. Assets and Liabilities	
Total Assets	\$81,886,215
Total Liabilities	\$81,886,215

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$40,566,187	\$30,148,238	\$10,417,949
Medicaid	\$8,138,591	\$7,351,680	\$786,911
Other State	\$0	\$0	\$0
Local Government	\$184,487	\$105,378	\$79,109
Commercial Insurance	\$69,480,797	\$10,064,966	\$59,415,831
Total	\$118,370,062	\$47,670,262	\$70,699,800

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$64,451	(\$64,451)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$17,691,439	\$17,903,528	(\$212,089)
<b>Community Benefits</b>	\$0	\$103,276	(\$103,276)

For further information on this report, please contact:

**Hospital Representative** Brooke Hundt

**Telephone Number** 574/267-3200

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	631	645
2. % of Salary	Salary Expenses divided by Total Expenses	38.6%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$704	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,246	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.7%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$948	\$847
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	34.3%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.7%	5.5%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$170,695)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	24.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Medical Center of Southern Indiana**

Year: 2003 City: Charlestown Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$19,960,624	Salaries and Wages	\$6,217,652
Outpatient Patient Service Revenue	\$13,539,565	Employee Benefits and Taxes	\$1,048,195
Total Gross Patient Service Revenue	\$33,500,189	Depreciation and Amortization	\$993,223
<b>2. Deductions from Revenue</b>		Interest Expenses	\$0
Contractual Allowances	\$19,152,344	Bad Debt	\$1,002,673
Other Deductions	\$308,932	Other Expenses	\$5,861,807
Total Deductions	\$19,461,276	Total Operating Expenses	\$14,130,327
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$14,038,913	Net Operating Revenue over Expenses	\$76,507
Other Operating Revenue	\$167,921	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$14,206,834	Total Net Gain over Loss	\$76,507

6. Assets and Liabilities	
Total Assets	\$20,684,630
Total Liabilities	\$5,247,234

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,677,806	\$10,871,793	\$7,806,013
Medicaid	\$4,230,525	\$2,898,299	\$1,332,226
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$10,591,858	\$5,382,252	\$5,209,606
Total	\$33,500,189	\$19,152,344	\$14,347,845

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$2,000	(\$2,000)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Susan Young

**Telephone Number** 812/256-3301

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	150	238
2. % of Salary	Salary Expenses divided by Total Expenses	44.0%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	28.4	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,879	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,412	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	40.4%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,447	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	55.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.1%	8.0%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Healthsouth Tri State Rehab Hospital**

Year: 2003 City: Evansville Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$31,120,467	Salaries and Wages	\$6,422,976
Outpatient Patient Service Revenue	\$2,102,568	Employee Benefits and Taxes	\$1,366,978
Total Gross Patient Service Revenue	\$33,223,035	Depreciation and Amortization	\$188,205
2. Deductions from Revenue		Interest Expenses	\$33,346
Contractual Allowances	\$16,119,160	Bad Debt	\$174,556
Other Deductions	\$174,556	Other Expenses	\$4,573,023
Total Deductions	\$16,293,716	Total Operating Expenses	\$12,759,084
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,929,319	Net Operating Revenue over Expenses	\$4,245,725
Other Operating Revenue	\$75,490	Net Non-operating Gains over Losses	(\$712,104)
Total Operating Revenue	\$17,004,809	Total Net Gain over Loss	\$3,533,621

6. Assets and Liabilities	
Total Assets	\$19,561,702
Total Liabilities	\$2,119,142

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$26,662,716	\$13,882,870	\$12,839,846
Medicaid	\$971,403	\$507,983	\$466,420
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$5,585,916	\$1,788,307	\$3,797,609
Total	\$33,220,035	\$16,119,160	\$17,103,875

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$58,710	(\$58,710)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$99,731	(\$99,731)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Diane Riley

**Telephone Number** 812/476-9983

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	176	109
2. % of Salary	Salary Expenses divided by Total Expenses	50.3%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	57.8	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	16.1	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$23,720	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	6.3%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$270	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	80.3%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	1.4%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$99,731)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	25.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Pediatric Rehabilitation Center**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$5,877,389	Salaries and Wages	\$4,294,795
Outpatient Patient Service Revenue	\$1,361,116	Employee Benefits and Taxes	\$898,179
Total Gross Patient Service Revenue	\$7,238,505	Depreciation and Amortization	\$425,546
<b>2. Deductions from Revenue</b>		Interest Expenses	\$0
Contractual Allowances	\$2,842,344	Bad Debt	(\$187,069)
Other Deductions	(\$1,799,256)	Other Expenses	\$1,557,705
Total Deductions	\$1,043,088	Total Operating Expenses	\$6,989,156
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$6,195,417	Net Operating Revenue over Expenses	(\$728,567)
Other Operating Revenue	\$65,172	Net Non-operating Gains over Losses	\$5,334
		Total Net Gain over Loss	(\$723,233)

Total Operating Revenue	\$6,260,589
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6. Assets and Liabilities	
Total Assets	\$9,060,451
Total Liabilities	\$5,349,603

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$401	(\$3,871)	\$4,272
Medicaid	\$3,350,372	\$76,502	\$3,273,870
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$3,887,732	\$970,457	\$2,917,275
Total	\$7,238,505	\$1,043,088	\$6,195,417

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0



Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	State of Indiana
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#### Hospital Mission Statement

To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	100	1,863	1,648
<b>Charity Care Allocation</b>	(\$247,957)	(\$172,968)	(\$510,038)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$373,375)
<b>2. Community Health Education</b>	\$0
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$373,375)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	102	109
2. % of Salary	Salary Expenses divided by Total Expenses	61.4%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	10.3	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.2	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$44,191	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$44,191	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	18.8%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$151	\$659

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	0.0%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	-2.7%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$373,375)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-11.6	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Mary Medical Center - Hobart**

Year: 2003 City: Hobart Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$102,384,952	Salaries and Wages	\$31,536,672
Outpatient Patient Service Revenue	\$62,060,257	Employee Benefits and Taxes	\$8,840,340
Total Gross Patient Service Revenue	\$164,445,209	Depreciation and Amortization	\$2,304,981
2. Deductions from Revenue		Interest Expenses	\$2,410,777
Contractual Allowances	\$74,742,913	Bad Debt	\$3,042,893
Other Deductions	\$2,626,978	Other Expenses	\$39,679,481
Total Deductions	\$77,369,891	Total Operating Expenses	\$87,815,144
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$87,075,318	Net Operating Revenue over Expenses	\$972,169
Other Operating Revenue	\$1,711,995	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$972,169

Total Operating Revenue	\$88,787,313
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6. Assets and Liabilities	
Total Assets	\$54,015,370
Total Liabilities	\$54,232,463

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$86,177,752	\$43,798,047	\$42,379,705
Medicaid	\$11,069,607	\$7,424,603	\$3,645,004
Other State	\$0	\$0	\$0
Local Government	\$2,348,504	(\$275,687)	\$2,624,191
Commercial Insurance	\$64,849,346	\$23,795,950	\$41,053,396
Total	\$164,445,209	\$74,742,913	\$89,702,296

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$22,495	(\$22,495)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	320
Number of Citizens Exposed to Health Education Message	65,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Lake	<b>Community Served</b>	Hobart, Portage and Lake Station
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#### **Hospital Mission Statement**

Medical Center is dedicated to provide quality health services. Will minister to our neighbors within the community, providing compassionate care of body and spirit.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES



Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$1,494,016)	(\$1,568,668)	(\$2,626,478)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$2,626,978)
<b>2. Community Health Education</b>	(\$8,238)
<b>3. Community Programs and Services</b>	\$0
<b>4. Other Unreimbursed Costs</b>	\$0
<b>5. Total Costs of Providing Community Benefits</b>	(\$2,635,216)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Kathleen Korbelak

Telephone number: 219/942-0551

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	802	645
2. % of Salary	Salary Expenses divided by Total Expenses	35.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	120.1	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$1,968	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,721	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	37.7%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$974	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	52.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.5%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,626,978)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.1	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Vincent Carmel Hospital**

Year: 2003 City: Carmel Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$64,790,507	Salaries and Wages	\$22,209,481
Outpatient Patient Service Revenue	\$53,732,813	Employee Benefits and Taxes	\$5,761,856
Total Gross Patient Service Revenue	\$118,523,320	Depreciation and Amortization	\$3,761,657
<b>2. Deductions from Revenue</b>		Interest Expenses	(\$47,850)
Contractual Allowances	\$30,550,854	Bad Debt	\$2,694,170
Other Deductions	\$1,890,495	Other Expenses	\$24,567,472
Total Deductions	\$32,441,349	Total Operating Expenses	\$58,946,786
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$86,081,971	Net Operating Revenue over Expenses	\$30,851,500
Other Operating Revenue	\$3,716,315	Net Non-operating Gains over Losses	(\$1,460,807)
		Total Net Gain over Loss	\$29,390,693

Total Operating Revenue	\$89,798,286
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6. Assets and Liabilities	
Total Assets	\$181,603,336
Total Liabilities	\$21,793,943

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$22,437,695	\$10,693,560	\$11,744,135
Medicaid	\$2,578,795	\$1,738,891	\$839,904
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$93,506,830	\$20,008,898	\$73,497,932
Total	\$118,523,320	\$32,441,349	\$86,081,971

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$700,000	(\$700,000)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	51,560
Number of Citizens Exposed to Health Education Message	100,000

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Hamilton	<b>Community Served</b>	Hamilton County
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#### **Hospital Mission Statement**

To improve the health status of the individuals and the communities we serve, with special concern for the sick and poor.

<b>Unique Services</b>		<b>Type of Initiatives</b>		<b>Document Available</b>	
Medical Research	NO	Disease Detection	NO	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	NO	Needs Assessment	2001

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	22,893	112,210	23,302
<b>Charity Care Allocation</b>	(\$374,589)	(\$434,890)	(\$712,437)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All programs	(\$174,190)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.



<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$123,657)
<b>2. Community Health Education</b>	(\$200,000)
<b>3. Community Programs and Services</b>	(\$174,190)
<b>4. Other Unreimbursed Costs</b>	(\$30,566)
<b>5. Total Costs of Providing Community Benefits</b>	(\$528,413)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Marty Rugh

Telephone number: 317/338-7370

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	517	645
2. % of Salary	Salary Expenses divided by Total Expenses	37.7%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	51.4	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,475	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,514	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	45.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,342	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	18.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	4.6%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$123,657)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	34.4	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Rehabilitation Hospital of Indiana**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$34,281,105	Salaries and Wages	\$12,227,435
Outpatient Patient Service Revenue	\$5,739,215	Employee Benefits and Taxes	\$4,340,479
Total Gross Patient Service Revenue	\$40,020,320	Depreciation and Amortization	\$1,035,267
<b>2. Deductions from Revenue</b>		Interest Expenses	\$391,570
Contractual Allowances	\$13,603,503	Bad Debt	\$889,046
Other Deductions	\$0	Other Expenses	\$7,726,482
Total Deductions	\$13,603,503	Total Operating Expenses	\$26,610,279
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$26,416,816	Net Operating Revenue over Expenses	\$131,985
Other Operating Revenue	\$325,448	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$131,985

Total Operating Revenue	\$26,742,264
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6. Assets and Liabilities	
Total Assets	\$21,701,470
Total Liabilities	\$24,671,148

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,531,948	\$7,998,860	\$15,533,088
Medicaid	\$480,244	\$163,242	\$317,002
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,008,128	\$5,441,402	\$10,566,726
Total	\$40,020,320	\$13,603,504	\$26,416,816

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$94,548	\$58,954	\$35,594

Educational	\$14,585	\$22,970	(\$8,385)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	275
Number of Hospital Patients Educated In This Hospital	740
Number of Citizens Exposed to Health Education Message	280

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Serving Marion County and contiguous counties of Boone, Hamilton, Hancock, Hendricks, Johnson, Morgan and Shelby.
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#### **Hospital Mission Statement**

Dedicated to assisting individuals in achieving their highest potential. Involved in community education, and prevention program, support advocacy organizations, committed to charity care, and encourage participation in professional organizations.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$10,584)	(\$126,588)	(\$24,555)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$371,740)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$34,555)
<b>2. Community Health Education</b>	(\$10,915)
<b>3. Community Programs and Services</b>	(\$371,740)
<b>4. Other Unreimbursed Costs</b>	(\$5,941)
<b>5. Total Costs of Providing Community Benefits</b>	(\$423,151)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Dennis Armington



Telephone number: 317/329-2000

Web Address Information: [www.rhin.com](http://www.rhin.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	275	109
2. % of Salary	Salary Expenses divided by Total Expenses	46.0%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	68.9	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	13.6	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	NR	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,530	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	14.3%	11.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$267	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	58.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$34,555)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Blackford Community Hospital**

Year: 2003 City: Hartford City Peer Group: Small

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$4,464,352	Salaries and Wages	\$3,922,050
Outpatient Patient Service Revenue	\$10,976,473	Employee Benefits and Taxes	\$939,669
Total Gross Patient Service Revenue	\$15,440,825	Depreciation and Amortization	\$228,828
2. Deductions from Revenue		Interest Expenses	\$109,260
Contractual Allowances	\$1,991,724	Bad Debt	\$1,012,309
Other Deductions	\$666,339	Other Expenses	\$6,463,969
Total Deductions	\$2,658,063	Total Operating Expenses	\$12,676,085
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$12,782,762	Net Operating Revenue over Expenses	\$273,718
Other Operating Revenue	\$167,041	Net Non-operating Gains over Losses	\$193,261
Total Operating Revenue	\$12,949,803	Total Net Gain over Loss	\$466,979

6. Assets and Liabilities	
Total Assets	\$7,339,419
Total Liabilities	\$3,117,456

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$6,538,747	\$1,074,690	\$5,464,057
Medicaid	\$1,564,740	\$917,034	\$647,706
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,337,338	\$666,339	\$6,670,999
Total	\$15,440,825	\$2,658,063	\$12,782,762

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$189,116	\$0	\$189,116
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	451
Number of Citizens Exposed to Hospital's Health Education Messages	395

**Statement Four: Costs of Charity and Subsidized Community Benefits**

<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$5,384,540	\$9,524,113	(\$4,139,573)
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative**      Walter Soptelean

**Telephone Number**      765/348-0300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	111	238
2. % of Salary	Salary Expenses divided by Total Expenses	30.9%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	5.9	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.7	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$6,374	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,528	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	71.1%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$917	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.3%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.0%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$121,706)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.1	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Kindred Hospital Indianapolis**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$32,834,348	Salaries and Wages	\$5,056,363
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$959,900
Total Gross Patient Service Revenue	\$32,834,248	Depreciation and Amortization	\$419,088
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$18,226,482	Bad Debt	\$41,336
Other Deductions	\$0	Other Expenses	\$6,476,687
Total Deductions	\$18,226,482	Total Operating Expenses	\$13,852,798
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$14,607,766	Net Operating Revenue over Expenses	\$805,193
Other Operating Revenue	\$50,225	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$14,657,991	Total Net Gain over Loss	\$805,193



6. Assets and Liabilities	
Total Assets	\$3,828,358
Total Liabilities	\$3,828,358

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,835,845	\$14,971,413	\$8,864,432
Medicaid	\$1,294,862	\$858,173	\$436,689
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$7,703,541	\$2,396,897	\$5,306,644
Total	\$32,834,248	\$18,226,483	\$14,607,765

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Maggie Orrill

**Telephone Number** 502/596-7652

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	88	109
2. % of Salary	Salary Expenses divided by Total Expenses	36.5%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.3	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.5	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$67,097	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$78,929	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	72.6%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.3%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.5	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Healthsouth Hospital of Terre Haute**

Year: 2003 City: Terre Haute Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$19,735,265	Salaries and Wages	\$5,175,551
Outpatient Patient Service Revenue	\$2,058,359	Employee Benefits and Taxes	\$1,290,875
Total Gross Patient Service Revenue	\$21,791,624	Depreciation and Amortization	\$101,611
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$10,765,416	Bad Debt	\$235,843
Other Deductions	\$663,556	Other Expenses	\$4,873,800
Total Deductions	\$11,428,972	Total Operating Expenses	\$11,587,680
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$10,362,653	Net Operating Revenue over Expenses	(\$1,114,979)
Other Operating Revenue	\$110,048	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$10,472,701	Total Net Gain over Loss	(\$1,114,979)

6. Assets and Liabilities	
Total Assets	\$1,782,742
Total Liabilities	\$1,782,742

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,348,500	\$9,819,268	\$8,529,232
Medicaid	\$685,102	\$675,600	\$308,502
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$2,758,022	\$1,233,104	\$1,524,918
Total	\$21,791,624	\$11,428,972	\$10,362,652

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$5,698	(\$5,698)

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$0	\$0

For further information on this report, please contact:

**Hospital Representative** Timothy Lambert

**Telephone Number** 812/235-5656

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	158	109
2. % of Salary	Salary Expenses divided by Total Expenses	44.7%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	36.7	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	20.0	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$29,412	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	9.4%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$281	\$1,022
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	84.2%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.0%	3.1%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-10.6	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Southern Indiana Rehab Hospital**

Year: 2003 City: New Albany Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$23,379,320	Salaries and Wages	\$5,408,212
Outpatient Patient Service Revenue	\$4,969,281	Employee Benefits and Taxes	\$1,086,066
Total Gross Patient Service Revenue	\$28,348,601	Depreciation and Amortization	\$755,648
2. Deductions from Revenue		Interest Expenses	\$424,263
Contractual Allowances	\$15,404,311	Bad Debt	\$241,016
Other Deductions	\$136,361	Other Expenses	\$3,680,380
Total Deductions	\$15,540,672	Total Operating Expenses	\$11,595,585
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$12,807,929	Net Operating Revenue over Expenses	\$1,338,269
Other Operating Revenue	\$125,925	Net Non-operating Gains over Losses	\$260,274
Total Operating Revenue	\$12,933,854	Total Net Gain over Loss	\$1,598,543

6. Assets and Liabilities	
Total Assets	\$17,999,788
Total Liabilities	\$17,999,788

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$19,568,000	\$11,930,000	\$7,638,000
Medicaid	\$1,999,000	\$1,355,000	\$644,000
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$6,782,000	\$2,256,000	\$4,526,000
Total	\$28,349,000	\$15,541,000	\$12,808,000

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$136,361	(\$136,361)
<b>Community Benefits</b>	\$0	\$115,005	(\$155,055)

For further information on this report, please contact:

**Hospital Representative** Shawn Stevison

**Telephone Number** 812/941/8300

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	154	109
2. % of Salary	Salary Expenses divided by Total Expenses	46.6%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.1	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	13.0	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$27,668	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	17.5%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$268	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	69.0%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.1%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$136,361)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	10.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Kindred Hospital of Indianapolis South**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$26,594,247	Salaries and Wages	\$4,594,247
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$877,191
Total Gross Patient Service Revenue	\$26,594,247	Depreciation and Amortization	\$151,845
2. Deductions from Revenue		Interest Expenses	\$76
Contractual Allowances	\$15,448,508	Bad Debt	\$0
Other Deductions	\$727,087	Other Expenses	\$4,078,411
Total Deductions	\$16,175,595	Total Operating Expenses	\$9,652,951
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$10,418,652	Net Operating Revenue over Expenses	\$765,701
Other Operating Revenue	\$19,292	Net Non-operating Gains over Losses	\$19,292
Total Operating Revenue	\$10,437,944	Total Net Gain over Loss	\$784,993

6. Assets and Liabilities	
Total Assets	\$1,191,903
Total Liabilities	\$981,737

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,906,655	\$12,029,841	\$8,876,814
Medicaid	\$3,752,725	\$2,547,408	\$1,205,317
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,934,867	\$871,258	\$1,063,609
Total	\$26,594,247	\$15,448,507	\$11,145,740

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$8,982,867	\$8,982,867	(\$209,781)
<b>Community Benefits</b>	\$0	\$361,088	(\$361,088)

For further information on this report, please contact:

**Hospital Representative** Kelly M Gross

**Telephone Number** 317/888-8155

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	89	109
2. % of Salary	Salary Expenses divided by Total Expenses	47.1%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.9	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	30.8	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$72,662	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.6%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.0%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Rehabilitation Hospital of Fort Wayne**

Year: 2003 City: Fort Wayne Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$11,110,377	Salaries and Wages	\$4,008,551
Outpatient Patient Service Revenue	\$1,202,889	Employee Benefits and Taxes	\$956,688
Total Gross Patient Service Revenue	\$12,313,266	Depreciation and Amortization	\$315,703
2. Deductions from Revenue		Interest Expenses	\$0
Contractual Allowances	\$4,480,636	Bad Debt	\$21,718
Other Deductions	\$24,350	Other Expenses	\$2,050,125
Total Deductions	\$4,504,986	Total Operating Expenses	\$7,352,785
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$7,808,280	Net Operating Revenue over Expenses	\$502,834
Other Operating Revenue	\$47,339	Net Non-operating Gains over Losses	\$0
Total Operating Revenue	\$7,855,619	Total Net Gain over Loss	\$502,834

6. Assets and Liabilities	
Total Assets	\$8,749,299
Total Liabilities	\$8,749,299

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$8,874,552	\$3,520,681	\$5,353,871
Medicaid	\$101,466	\$54,207	\$47,259
Other State	\$0	\$0	\$0
Local Government	\$22,000	\$1,460	\$20,540
Commercial Insurance	\$3,315,248	\$904,288	\$2,410,960
Total	\$12,313,266	\$4,480,636	\$7,832,630

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$2,000	(\$2,000)
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$5,317,921	\$5,368,243	(\$50,322)
<b>Community Benefits</b>	\$0	\$120,000	(\$120,000)

For further information on this report, please contact:

**Hospital Representative** Stacy Chivers

**Telephone Number** 260/434-7106

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	98	109
2. % of Salary	Salary Expenses divided by Total Expenses	54.5%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	21.6	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	12.1	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,988	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	9.8%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,814	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	72.1%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.3%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$14,442)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	6.4	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.



## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Indianapolis**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$33,984,420	Salaries and Wages	\$6,341,147
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,129,200
Total Gross Patient Service Revenue	\$33,984,420	Depreciation and Amortization	\$358,497
2. Deductions from Revenue		Interest Expenses	\$65,643
Contractual Allowances	\$17,198,636	Bad Debt	\$645,595
Other Deductions	\$0	Other Expenses	\$8,129,622
Total Deductions	\$17,198,636	Total Operating Expenses	\$16,669,704
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$16,785,784	Net Operating Revenue over Expenses	\$116,718
Other Operating Revenue	\$638	Net Non-operating Gains over Losses	\$1,707
Total Operating Revenue	\$16,786,422	Total Net Gain over Loss	\$118,425

6. Assets and Liabilities	
Total Assets	\$8,780,088
Total Liabilities	\$7,637,712

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$25,602,796	\$14,769,659	\$10,853,137
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$68,381,624	\$2,448,977	\$5,932,647
Total	\$33,984,420	\$17,198,636	\$16,785,784

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$417	(\$417)

For further information on this report, please contact:

**Hospital Representative**

Joyce Foger

**Telephone Number**

717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	90	109
2. % of Salary	Salary Expenses divided by Total Expenses	38.0%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	38.8	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	34.5	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$82,565	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$82,687	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.3%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.9%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.7	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Elizabeth Ann Seton Hospital**

Year: 2003 City: Evansville Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$11,732,955	Salaries and Wages	\$2,009,697
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$401,781
Total Gross Patient Service Revenue	\$11,732,955	Depreciation and Amortization	\$95,252
2. Deductions from Revenue		Interest Expenses	\$134,816
Contractual Allowances	\$6,044,683	Bad Debt	\$456,573
Other Deductions	\$0	Other Expenses	\$2,783,976
Total Deductions	\$6,044,683	Total Operating Expenses	\$5,882,095
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$5,688,272	Net Operating Revenue over Expenses	(\$191,010)
Other Operating Revenue	\$2,813	Net Non-operating Gains over Losses	(\$167,294)
		Total Net Gain over Loss	(\$358,303)

Total Operating Revenue	\$5,691,085
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6. Assets and Liabilities	
Total Assets	\$4,284,381
Total Liabilities	\$7,513,573

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$10,182,842	\$5,520,124	\$4,662,718
Medicaid	\$298,967	\$181,266	\$117,701
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$1,251,146	\$343,293	\$907,853
Total	\$11,732,955	\$6,044,683	\$5,688,272

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Vanderburgh	<b>Community Served</b>	Vanderburgh County
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#### **Hospital Mission Statement**

To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those who are poor. The health services we provide will be spiritually centered, accessible, and affordable.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>



Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	NO	Clinic Support	NO	Needs Assessment	2000

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$5,000)	(\$65,000)	(\$60,000)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$60,000)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$60,000)

**Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Carol Godsey

Telephone number:

812/485-7443

Web Address Information:

[www.stmarys.org](http://www.stmarys.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	62	109
2. % of Salary	Salary Expenses divided by Total Expenses	34.2%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.6	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.9	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges		\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$54,827	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits		\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	86.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.8%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$60,000)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.4	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Northwest Indiana**

Year: 2003 City: Hammond Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$39,090,684	Salaries and Wages	\$6,476,686
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,128,560
Total Gross Patient Service Revenue	\$39,090,684	Depreciation and Amortization	\$113,220
2. Deductions from Revenue		Interest Expenses	\$2,636
Contractual Allowances	\$21,642,598	Bad Debt	\$1,550,000
Other Deductions	\$0	Other Expenses	\$9,227,073
Total Deductions	\$21,642,598	Total Operating Expenses	\$18,498,175
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,448,086	Net Operating Revenue over Expenses	(\$1,048,426)
Other Operating Revenue	\$1,663	Net Non-operating Gains over Losses	\$20,834
Total Operating Revenue	\$17,449,749	Total Net Gain over Loss	(\$1,027,592)

6. Assets and Liabilities	
Total Assets	\$13,167,256
Total Liabilities	\$3,828,457

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$34,205,406	\$20,813,602	\$13,391,804
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,885,278	\$828,996	\$4,056,282
Total	\$39,090,684	\$21,642,598	\$17,448,086

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$37,428	(\$37,428)

For further information on this report, please contact:

**Hospital Representative**

Eddie Dyerl

**Telephone Number**

717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	107	109
2. % of Salary	Salary Expenses divided by Total Expenses	35.0%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	85.5	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	31.8	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$79,777	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$39,888	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	87.5%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.4%	3.1%



11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-6.0	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Beech Grove**

Year: 2003 City: Beech Grove Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$22,899,081	Salaries and Wages	\$4,117,188
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$1,050,381
Total Gross Patient Service Revenue	\$22,899,081	Depreciation and Amortization	\$136,793
2. Deductions from Revenue		Interest Expenses	\$11,746
Contractual Allowances	\$11,220,333	Bad Debt	\$619,597
Other Deductions	\$0	Other Expenses	\$5,082,416
Total Deductions	\$11,220,333	Total Operating Expenses	\$11,018,121
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$11,678,748	Net Operating Revenue over Expenses	\$663,446
Other Operating Revenue	\$2,819	Net Non-operating Gains over Losses	\$82,717
Total Operating Revenue	\$11,681,567	Total Net Gain over Loss	\$746,163

6. Assets and Liabilities	
Total Assets	\$12,755,521
Total Liabilities	\$1,176,185

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$18,417,640	\$10,591,618	\$7,826,022
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,481,441	\$628,715	\$3,852,726
Total	\$22,899,081	\$11,220,333	\$11,678,748

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$4,975	(\$4,975)

For further information on this report, please contact:

**Hospital Representative** Cheryl Gentry

**Telephone Number** 717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	75	109
2. % of Salary	Salary Expenses divided by Total Expenses	37.4%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	27.6	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.4	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$64,504	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	80.4%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.6%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.7	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Evansville**

Year: 2003 City: Evansville Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$21,309,769	Salaries and Wages	\$3,351,189
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$863,254
Total Gross Patient Service Revenue	\$21,309,769	Depreciation and Amortization	\$67,512
2. Deductions from Revenue		Interest Expenses	\$8,063
Contractual Allowances	\$9,865,935	Bad Debt	\$787,710
Other Deductions	\$0	Other Expenses	\$4,746,418
Total Deductions	\$9,865,935	Total Operating Expenses	\$9,824,146
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$11,443,834	Net Operating Revenue over Expenses	\$1,630,555
Other Operating Revenue	\$10,867	Net Non-operating Gains over Losses	\$56,438
Total Operating Revenue	\$11,454,701	Total Net Gain over Loss	\$1,686,993

6. Assets and Liabilities	
Total Assets	\$13,473,227
Total Liabilities	\$2,425,323

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$16,692,314	\$9,231,487	\$7,460,827
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,617,455	\$634,448	\$3,983,007
Total	\$21,309,769	\$9,865,935	\$11,443,834

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0



Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$113,607	(\$113,607)

For further information on this report, please contact:

**Hospital Representative** Tracy Conroy

**Telephone Number** 717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	96	109
2. % of Salary	Salary Expenses divided by Total Expenses	34.1%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	26.0	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.4	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	NP	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$61,411	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	78.3%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.0%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	14.2	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: St. Elizabeth Ann Seton Hospital of Central Indiana**

Year: 2003 City: Carmel Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$19,913,349	Salaries and Wages	\$6,426,704
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$860,424
Total Gross Patient Service Revenue	\$19,913,349	Depreciation and Amortization	\$351,700
<b>2. Deductions from Revenue</b>		Interest Expenses	\$71,273
Contractual Allowances	\$7,211,120	Bad Debt	\$67,373
Other Deductions	\$100,523	Other Expenses	\$3,860,004
Total Deductions	\$7,311,643	Total Operating Expenses	\$11,637,478
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$12,601,706	Net Operating Revenue over Expenses	\$749,751
Other Operating Revenue	\$208,495	Net Non-operating Gains over Losses	\$52,431
		Total Net Gain over Loss	\$802,182

Total Operating Revenue	\$12,810,201
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6. Assets and Liabilities	
Total Assets	\$6,382,572
Total Liabilities	\$3,969,747

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$14,263,601	\$5,373,826	\$8,889,775
Medicaid	\$749,249	\$674,522	\$74,727
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,900,499	\$1,263,295	\$3,637,204
Total	\$19,913,349	\$7,311,643	\$12,601,706

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$28,118	(\$28,118)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	403
Number of Citizens Exposed to Health Education Message	0

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Central Indiana
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#### **Hospital Mission Statement**

To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those who are poor. The health services we provide will be spiritually centered, accessible, and affordable.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>

Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	50	607	2,437
<b>Charity Care Allocation</b>	(\$438,831)	(\$502,797)	(\$675,998)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
No programs identified	\$0

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$692,549)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$692,549)

**Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative:                      Marty Rugh



Telephone number:

317/338-7370

Web Address Information:

[www.stvincent.org](http://www.stvincent.org)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	116	109
2. % of Salary	Salary Expenses divided by Total Expenses	55.2%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	30.3	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	28.5	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$63,615	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$51,323	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits		\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	71.6%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.6%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$692,549)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	5.9	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.

## ISDH Hospital Fiscal 2003 Report and Statistical Comparison

**Hospital: Select Specialty Hospital Fort Wayne**

Year: 2003 City: Fort Wayne Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$21,235,191	Salaries and Wages	\$3,289,345
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$837,150
Total Gross Patient Service Revenue	\$21,235,191	Depreciation and Amortization	\$82,991
2. Deductions from Revenue		Interest Expenses	\$8,217
Contractual Allowances	\$10,448,905	Bad Debt	\$688,735
Other Deductions	\$0	Other Expenses	\$4,972,975
Total Deductions	\$10,448,905	Total Operating Expenses	\$9,879,413
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$10,786,286	Net Operating Revenue over Expenses	\$911,757
Other Operating Revenue	\$4,884	Net Non-operating Gains over Losses	\$59,664
Total Operating Revenue	\$10,791,170	Total Net Gain over Loss	\$971,421

6. Assets and Liabilities	
Total Assets	\$11,494,371
Total Liabilities	\$1,454,038

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$14,619,529	\$8,887,489	\$5,732,040
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$6,615,662	\$1,561,416	\$5,054,246
Total	\$21,335,191	\$10,448,905	\$10,786,286

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
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**Number of Individuals estimated by this hospital that are involved in education:**

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 0

<b>Statement Four: Costs of Charity and Subsidized Community Benefits</b>			
<b>Category</b>	<b>Estimated Incoming Revenue</b>	<b>Estimated Outgoing Expenses</b>	<b>Unreimbursed Costs by Hospital</b>
<b>Charity</b>	\$0	\$0	\$0
<b>Community Benefits</b>	\$0	\$75,406	(\$75,406)

For further information on this report, please contact:

**Hospital Representative** Kirk Ray

**Telephone Number** 717/972/8587

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	70	109
2. % of Salary	Salary Expenses divided by Total Expenses	33.3%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	19.0	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	31.2	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$95,225	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$95,225	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	68.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.0%	3.1%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.4	5.0

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.

## SUMMARY OF 2003 HOSPITAL AUDITED FINANCIAL STATEMENT

**Hospital: Illiana Surgery and Medical Center****Year: 2003 - City: Munster**

<b>1. Total Operating Revenue</b>	
Net Patient Service Revenue	\$44,198,885
Other Operating Revenue	\$38,178,403
Total Operating Revenue	\$36,823,008
<b>2. Operating Expenses</b>	
Salaries and Benefits	\$15,724,244
Depreciation and Amortization	\$0
Interest Expenses	\$0
Bad Debt	\$1,194,546
Other Expenses	\$14,967,936
Total Operating Expenses	\$31,886,726
<b>3. Net Revenue and Expenses</b>	
Net Operating Revenue over Expenses	\$4,968,141
Net Non-operating Gains over Losses	\$1,861,843



Total Net Gains over Losses	\$6,829,984
<b>4. Assets and Liabilities</b>	
Total Assets	\$53,467,030
Total Liabilities	\$53,467,030
Charity Allocation	\$0

**Hospital Representative: John Whitcomb**

**Telephone number: 765/472-8000**

**Other information is not available.**